State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare
Trenton 08625

TRANSMITTAL LETTER
MAA #28

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

March 13, 1973

TO COUNTY WELFARE BOARDS

Attached is one copy of revised material for the Medical Assistance for the Aged Manual of Administration. Staff copies are being forwarded under separate cover.

Attached Pages	Superseded Pages
3120. -3120.2	3120. -3120.2 (2/72)
3120.2	3120.2 (2/72)
3120.2-3121.	3120.2-3121. (2/72)

Explanation

3120. - the deductible and coinsurance rates under Title XVIII, Federal Social Security Act have been revised to conform to Federal changes.

Instructions

Please remove superseded pages and replace with pages as listed above.

This material is effective immediately.

Sincerely yours,

G. Thomas Riti, Acting Director
Division of Public Welfare

GTR:MG:bd

Attachment

3/27/73

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare

TRANSMITTAL LETTER
MAA#27

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

February 7, 1972

TO COUNTY WELFARE BOARDS

Attached is one copy of the following revised material for the Medical Assistance for the Aged Manual of Administration. Staff copies are being forwarded under separate cover. This material is effective immediately.

Attached Pages (2/72)	Superseded Pages
3120. -3120.2	3120. -3120.2 (6/70)
3120.2	3120.2 (6/70)
3120.2 -3121.	3120.2 -3121. (6/70)

Explanation

3120.1 - the deductible and coinsurance rates have been revised to conform to Federal changes.

Instructions

Please remove superseded pages and replace with pages as listed above.

Very truly yours,

Irving J. Engelman, Director
Division of Public Welfare

IJE:MGD
Attachment

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare

TRANSMITTAL LETTER
MAA 26

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

March 1, 1971

TO COUNTY WELFARE BOARDS

Attached is one copy of the following revised material for the Medical Assistance for the Aged Manual of Administration. Staff copies are being forwarded under separate cover. This material is effective immediately.

Attached Pages (3/71)	Superseded Pages
Chapter 3500 Table of Contents	Chapter 3500 Table of Contents 4/70
3520. -3521.	3520. -3522. 4/70

Explanation

3522. has been deleted. In accordance with policy adopted by the New Jersey Health Services Program on November 1, 1970, payments will no longer be made in MAA to skilled nursing facilities to hold a bed while the recipient is hospitalized.

Instructions

Please remove superseded pages and replace with pages as listed above.

Very truly yours,

Irving J. Engelman, Director
Division of Public Welfare

IJE:MGK
Attachment

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare

TRANSMITTAL LETTER
MAA#25

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

December 9, 1970

TO COUNTY WELFARE BOARDS

Attached is one copy of the following revised material for the Medical Assistance for the Aged Manual of Administration. Staff copies are being forwarded under separate cover. This material is effective immediately.

Attached Pages (12/70)	Superseded Pages
3320. -3321.1	3320. -3321.1 (4/70)
3322.1-3322.2	3322.1-3322.2 (6/70)

Explanation

3321.1 - period for determining income eligibility for hospitalization and home care has been increased from three to six months.

3322. - period for determining or redetermining income eligibility for nursing home care has been increased from three to six months.

Instructions

Please remove superseded pages and replace with pages as listed above.

Very truly yours,

Irving J. Engelman, Director
Division of Public Welfare

IJE:MGK
Attachment

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare

TRANSMITTAL LETTER
MAA#24

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

June 5, 1970

TO COUNTY WELFARE BOARDS

Attached is one copy of the following revised material for the Medical Assistance for the Aged Manual of Administration. Staff copies are being forwarded under separate cover. This material is effective immediately.

Attached Pages (6/70)	Superseded Pages
1000. -1002.	1000. -1002. (4/70)
2400. -2402.	2400. -2402. (1/68)
2700.	2700. (3/69)
3100. -3101.3	3100. -3101.3 (4/70)
3101.4-3101.5	3101.4-3101.5 (4/70)
3120. -3120.2	3120. -3120.2 (1/69)
3120.2	3120.2 (4/70)
3120.2-3121.	3120.2-3121. (6/68)
3126. -3128.	3126. -3128. (4/70)
3130. -3132.	3130. -3132. (6/65)
3132.	3132. (1/69)
3220. -3221.3	3220. -3221.3 (7/63)
3221.3-3221.5	3221.3-3221.5 (7/63)
3322.1-3322.2	3322.1-3322.2 (1/68)
3322.3-3322.4	3322.3-3322.4 (1/68)
3400 Appendix IX	3400 Appendix IX (6/68)
3920.	3920. (8/68)

Explanation

1002. c. - inserts reference to Agreement to Repay.

2401. - places responsibility for authorizing and processing hospitalization under MAA with the Division of Medical Assistance and Health Services.

2700. - emphasizes that personal incidental expenses are available only as an allowance from resources.

3101. - substitutes "MAA" for "medical assistance."

Transmittal
Letter MAA#24

June 5, 1970

3120.2 - updates the allowances unter Title XVIII and corrects previous numbering error.

3127.1 - eliminates initial payments.

3221.3 - changes "MAA" to "health services under Title XIX" and deletes any specific time period in evaluating residence.

3322.2 b. and c. - raises the monthly income eligibility for nursing home care for the single person.

3322.3 c. - raises the monthly income eligibility for nursing home care for the married person.

Instructions

Please remove superseded pages and replace with pages as listed above.

Very truly yours,

Irving J. Engelman, Director
Division of Public Welfare

IJE:MGK
Attachment

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare

TRANSMITTAL LETTER
MAA#23

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

May 11, 1970

TO COUNTY WELFARE BOARDS

Attached is one copy of the following revised material for the Medical Assistance for the Aged Manual of Administration. Staff copies are being forwarded under separate cover. This material is effective immediately.

Attached Pages (5/70)	Superseded Pages
Title Page	Title Page (July 1963)
2800.	2800. (8/68)

Explanation

2800. - clarifies policy on burial and funeral expenses.

Instructions

Please remove superseded pages and replace with pages as listed above.

Pen and Ink Corrections

3120.2-3121. - change lettering as follows: f to g; g to h; h to i; and i to j.

3124. -3126. - change MAA#1 to MAA#22 at bottom of page.

Table of Contents, Chapter 0000. (i) - change page date 4/69 to 4/70 at bottom of page.

Very truly yours,

Irving J. Engelman, Director
Division of Public Welfare

LJE:MGK
Attachment

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare

TRANSMITTAL LETTER
MAA#22

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

April 1, 1970

TO COUNTY WELFARE BOARDS

Attached is one copy of the following revised pages for the Medical Assistance for the Aged Manual of Administration. Staff copies are being forwarded under separate cover.

Attached Pages 4/70	Superseded Pages
General Table of Contents (i)	General Table of Contents (i) 7/63
General Table of Contents (ii)	General Table of Contents (ii) 7/64
General Table of Contents (iii)	General Table of Contents (iii) 7/64
General Table of Contents (iv)	General Table of Contents (iv) 2/65
General Table of Contents (v)	General Table of Contents (v) 6/65
General Table of Contents (vi)	General Table of Contents (vi) 7/63
Chapter 0000, Table of Contents	Chapter 0000, Table of Contents 7/63
0000. -0002.	0000. -0003. 7/63
Chapter 1000, Table of Contents	Chapter 1000, Table of Contents 7/63
1000. -1002.	1000. -1002.2 7/63
1100. -1101.1	1100. -1101.1 7/63
1102. -1102.2	1102. -1102.2 7/63
Chapter 2200, Table of Contents (i)	Chapter 2200, Table of Contents (i) 7/63
Chapter 2200, Table of Contents (ii)	Chapter 2200, Table of Contents (ii) 7/63
2200. -2211.	2200. -2211. 7/63
2212.	2212. 7/63
2226. -2226.3	2226. -2226.3 7/63
2228.	2228. -2229. 7/63
Chapter 2300, Table of Contents	Chapter 2300, Table of Contents 7/63
2300. -2300.3	2300. -2302. 7/66
2500.	2500. 7/63
2600.	2600. 7/63
2800.	2800. 8/68
3000. -3003.	3000. -3003. 7/63
Chapter 3100, Table of Contents (i)	Chapter 3100, Table of Contents (i) 7/64
Chapter 3100, Table of Contents (ii)	Chapter 3100, Table of Contents (ii) 7/66
Chapter 3100, Table of Contents (iii)	Chapter 3100, Table of Contents (iii) 3/64
3100. -3101.3	3100. -3101.3 1/68
3101.4-3101.5	3101.4-3101.5 3/64
3101.10-3102.3	3101.10-3102.3 7/63
3103.1-3103.2	3103.1-3103.2 1/69
3103.2-3103.4	3103.2-3103.4 7/63
3112.1-3112.2	3112.1-3112.2 1/69
3112.2 p.1	3112.2 p.1 3/64
3112.2 p.2	3112.2 p.2 1/69

Transmittal Letter
MAA#22

April 1, 1970

Attached Pages 4/70	Superseded Pages
3113. -3113.1	3112.3-3113.1 7/63
3113.4-3113.5	3113.4-3113.5 7/63
3114.2-3115.2	3114.2-3115.2 7/63
3117.1-3117.2	3117.1-3117.2 6/65
3120.2	3120.2 1/69
3123.3-3124.	3123.3-3124. 7/63
3124. -3126.	3124. -3126. 7/63
3126. -3128.	3126. -3128. 7/63
3100 Appendix V	3100 Appendix V 6/65
Chapter 3200, Table of Contents	Chapter 3200, Table of Contents 7/63
3222.	3222. -3222.2 7/63
3320. -3321.1	3320. -3321.1 7/63
3321.2-3321.3	3321.2-3321.3 7/63
3350.	3350. 3/64
3400. -3410.	3400. -3410. 7/66
3400. Appendix VIII	3400 Appendix VIII 1/68
Chapter 3500, Table of Contents	Chapter 3500, Table of Contents 7/63
3500. -3511.3	3500. -3512.2 7/63
3520. -3522.	3520. -3523.2 3/64
3530. -3533.	3530. -3534. 9/65
3540. -3542.3	3540. -3542.4 9/65
3550.	3550. 7/63
Chapter 3600, Table of Contents	Chapter 3600, Table of Contents 3/64
3600. -3610.	3600. -3612. 7/63
Chapter 3700, Table of Contents	Chapter 3700, Table of Contents 7/63
3700. -3701.	3700. -3702. 7/63
3710. -3712.	3710. -3712 7/63
3720. -3723.	3720. -3724. 7/63
3740.	3740. 7/63
Chapter 3800, Table of Contents	Chapter 3800, Table of Contents 8/65
3800. -3810.	3800. -3811. 8/65
Chapter 3900, Table of Contents	Chapter 3900, Table of Contents 6/65
3900. -3910.	3900. -3910. 9/67
3930.	3930. /65
Chapter 4000, Table of Contents	Chapter 4000 Table of Contents 7/63
4000. -4010.	4000. -4010. 7/63
4020.1	4020.1-4020.5 1/69
Chapter 5000, Table of Contents	Chapter 5000, Table of Contents 7/63
5000.	5000. 7/63

Explanation

Many sections have been revised and some sections have been completely deleted because of the amendments of Chapter 227, P.L. 1969 which supplements Title 44 of the Revised Statutes. We suggest that you examine the material carefully, especially noting all revisions emphasized by a vertical line in the left-hand margin.

Transmittal Letter
MAA#22

April 1, 1970

Instructions

Remove superseded pages and replace with pages as listed above.

Remove and destroy the following pages:

Part I, Appendix I - Letter dated June 25, 1963
2400 - Appendix I - Entire "Agreement"
2800 - Circular Letter, dated March 13, 1964
3100 - Appendix II - Certification in Lieu of Application
3240. -3242. (6/68)
3243. (9/65)
Chapter 4100, Table of Contents (7/63)
4100.-4100.7 (7/63)
Chapter 4200, Table of Contents (7/63)
4200. (7/63)
Chapter 4300, Table of Contents (7/63)
4300. (7/63)
Chapter 4400, Table of Contents (7/63)
4400. (7/63)
Chapter 6000, Table of Contents (7/63)
6000. (7/63)

This material is effective immediately.

Very truly yours,

Irving J. Engelman, Director
Division of Public Welfare

IJE:MGK
Attachment

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare
Trenton 08625

TRANSMITTAL LETTER
MAA#21

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

April 1, 1969

TO COUNTY WELFARE BOARDS

Attached is one copy of the following revised pages for the Medical Assistance for the Aged Manual of Administration. Staff copies are being forwarded under separate cover.

Attached Pages	Superseded Pages
3340. - 3341.	3340. - 3341. (7/66)
3342. - 3344.1	3342. - 3344.1 (1/68)
3344.2	3344.2 (1/68)

Explanation

3341. - has been revised in accordance with Chapter 446, Laws of 1968, amending legally responsible relatives law.

3342. and 3344.2 - reference to Categorical Assistance Budget Manual has been corrected.

Instructions

Remove superseded pages and replace with attached pages as listed above.

This material is effective immediately.

Very truly yours,

Irving J. Engelman, Director
Division of Public Welfare

IJE:MGK
Attachment

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare
Trenton 08625

TRANSMITTAL LETTER
MAA#19

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

January 22, 1969

TO COUNTY WELFARE BOARDS

Attached is one copy of the following revised material for the Medical Assistance for the Aged Manual of Administration. Staff copies are being forwarded under separate cover.

Attached Pages (1/69)	Superseded Pages
3103.1-3103.2	3103.1-3103.2 (7/63)
3112.1-3112.2	3112.1-3112.2 (3/64)
3113.1-3113.4	3113.1-3113.4 (7/63)
3132.	3132. (1/68)
4020.1-4020.5	4020.1-4020.5 (7/63)

Explanation

3103.1 - permits immediate authorization of assistance in situations where there is emergency need for medical vendor payment.

3103.2 - specifies that there shall be no exceptions from normal standards of reasonable promptness where an otherwise eligible applicant is in immediate need of medical payments.

3112.2 and 3113. - add the Affidavit for Public Assistance Form PA-1E, to the required forms to be executed by the applicant at time of application when application is made directly for MAA.

3132.c - raises the exemption allowed against the value of the estate of a deceased applicant to conform to burial allowance in other categorical programs.

4020.1 - revised to conform with recent changes in State and local participation in expenditures for assistance.

Instructions

Remove superseded pages and replace with attached pages as listed above.

This material is effective immediately.

Very truly yours,

Irving J. Engelman, Director
Division of Public Welfare

IJE:MGK
Attachment

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare
Trenton 08625

TRANSMITTAL LETTER
MAA-#16

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

June 21, 1968

TO COUNTY WELFARE BOARDS

Attached is one copy of the following new and revised material for the Medical Assistance for the Aged Manual of Administration; staff copies of which are being forwarded under separate cover. This material is effective immediately.

Attached Pages (6/68)	Superseded Pages
3120. - 3120.2	3120. - 3120.2 (7/66)
3120.2	--
3120.2 - 3121.	3120.2 - 3121. (7/66)
3122. - 3122.1	3122. - 3122. (7/63)
3240. - 3242.	3240. - 3242.3 (1/68)
3400. Appendix IX	3400. Appendix IX (undated)

there were '63 mats. not the

EJN 6/27/68

Explanation

3120.2 - Simplified Process for Establishing Initial Eligibility for Hospitalization - has been extended to include the "lifetime reserve" of 60 days of additional coverage of hospitalization after the 90 days covered in a "spell of illness" have been exhausted. However, please note that the simplified method of processing applications is to be used only for the 90 day period.

3120.2 f) 1) - clarifies payment for physician's services for MAA recipients in the hospital.

3120.2 h) - provides procedures to be taken if client is not eligible for Part A benefits or if he still requires hospital care at the end of the 90 day period.

3242. c. - extends OAA during the "lifetime reserve" period of 60 days.

3400. Appendix IX - has been revised to conform with new Manual material. Space (4.) has been provided to list source of client's personal obligation.

Transmittal Letter MAA-#16 June 21, 1968

Instructions

Please remove superseded pages and replace with attached pages as listed above.

Very truly yours,

Irving J. Engelman, Director
Division of Public Welfare

IJE:MGK
Attachment

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare
Trenton 08625

TRANSMITTAL LETTER
MAA-#15

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

May 7, 1968

TO COUNTY WELFARE BOARDS

Attached is one copy of the following revised material for the Medical Assistance Manual of Administration; staff copies of which are being forwarded under separate cover. This material is effective immediately.

Attached Page (5/68)	Superseded Page
3123.1 - 3123.2	3123.1 - 3123.2 (7/63)

Explanation

3123.2 - Second paragraph - General permission is no longer covered by the signing of the PA-1. The client is the primary source of information and his consent must be obtained whenever additional and secondary sources must be used in the determination of eligibility.

Instructions

Please remove superseded page and replace with attached page as listed above.

Very truly yours,

Irving J. Engelman, Director
Division of Public Welfare

IJE:MGK
Attachment

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare
Trenton 08625

TRANSMITTAL LETTER
MAA-#14

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

January 15, 1968

TO COUNTY WELFARE BOARDS

Attached is one copy of the following revised material for the Medical Assistance Manual of Administration; staff copies of which are being forwarded under separate cover. This material is effective immediately.

Attached Pages (1/68)	Superseded Pages
2010.-2010.2	2010.-2010.2 7/63
2100.-2110.2	2100.-2110.2 6/65
2120.-2120.2	2120.-2120.2 7/63
2400.-2402.	2400.-2402. 7/64
2400. Appendix I (i)	2400. Appendix I (i) 8/63
2400. Appendix I (iv)	2400. Appendix I (iv) 8/63
2700.	2700. 7/66
3100.-3101.3	3100.-3101.3 7/63
3132.	3132. 3/64
3240.-3242.3	3240.-3242.3 9/65
3322.1-3322.2	3322.1-3322.2 7/63
3322.3-3322.4	3322.3-3322.4 7/63
3330.-3330.2	3330.-3330.2 2/65
3342.-3344.1	3342.-3344.1 2/65
3344.2	3344.2 2/65
3400. Appendix VIII	3400. Appendix VIII undated

Explanation

2010.1 - refers to MAA-Manual of Administration Supplement for specific requirements governing public hospitals for mental diseases or tuberculosis.

2110.2 - first paragraph deletes the exclusion of hospitals for mental diseases or tuberculosis.

Fourth paragraph redefines the term "ward services" to authorize additional charges whenever a recipient receives physician's services and services and supplies incident to the physician's professional services as covered under Part B, Title XVIII, Social Security Act.

2110.3 and 2120.2 - limitation in cases of tuberculosis or psychosis has been deleted.

TO COUNTY WELFARE BOARDS January 15, 1968
Transmittal Letter MAA-#14

2401. - refers to MAA - Manual of Administration Supplement for standards and rates for hospitalization in public hospitals for mental diseases or tuberculosis.

2400. Appendix I (i, iv) - incorporates the revisions in the Agreement with the Hospital Service Plan of New Jersey.

2700. - increases rates for personal care items from $5.00 to $7.00 per month to conform with Categorical Budget Manual.

3101.2 - revises the definition of applicant to clarify the role of an authorized agent in the decision to apply for MAA.

3132.b - exempts specified resources on behalf of the surviving spouse in evaluating the deceased applicant's estate.

3242.3 - limitation of period of hospitalization under OAA has been deleted.

3322.2 - increases income eligibility for nursing home care for a single person from $300 to $375.

3322.3 - increases income exemption for nursing home care for maintenance of the spouse from $150 to $250 monthly. Income eligibility for married person has been increased from the combined monthly income of $450 to $600.

3330.1 - corrects error in Manual to conform with 3330.2c.

3342. and 3344. - references have been changed to conform with changes in Categorical Budget Manual.

3400. Appendix VIII - Form PA-3D was revised 8/67.

Instructions

Please remove superseded pages as listed above and replace with attached pages.

Pen and Ink Correction

Chapter 2100, Table of Contents - Please delete the following: 2110.3 Limitations in Cases of Tuberculosis or Psychosis 2110.3.

Very truly yours,

Irving J. Engelman, Director
Division of Public Welfare

IJE:MGK
Attach.

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare
Trenton 08625

TRANSMITTAL LETTER
MAA #13

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

September 25, 1967

TO COUNTY WELFARE BOARDS

Attached is one copy of the following revised material for the Medical Assistance for the Aged Manual of Administration; staff copies of which are being forwarded under separate cover. This material becomes effective immediately.

Attached Page

3900. - 3910. - 9/67

Superseded Page

3900. - 3910. - 7/63

Explanation

3910. - recognizes that the policies and procedures concerning complaints, appeals and fair hearings shall apply to the program of MAA in the same manner and extent as to other categorical assistance programs.

Instructions

Remove superseded page and replace with revised page.

Very truly yours,

Irving J. Engelman, Director
Division of Public Welfare

IJE:MGK
Attachment

me

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare - Bureau of Assistance

TRANSMITTAL LETTER

MAA #12

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

June 20, 1966

TO COUNTY WELFARE BOARDS

Attached is one copy of the following new and revised material for the Medical Assistance for the Aged Manual of Administration; staff copies of which are being forwarded under separate cover. This material becomes effective July 1, 1966.

Attached Pages	Superseded Pages
2300. -2302. (7/66)	2300. -2302. (7/63)
2700. (7/66)	2700. (7/63)
3100 Table of Contents (ii) (7/66)	3100 Table of Contents (ii) (7/64)
3120. -3120.2 (7/66)	3120. -3120.2 (7/63)
3120.2-3121. (7/66)	3120.2-3121. (7/63)
3122. -3122.1 (7/63)	3122. -3122.1 (7/63)
3100 Appendix VI (Form PA-1D) (7/66)	---
3333. -3334. (7/66)	3333. -3334. (2/65)
3340. -3341. (7/66)	3340. -3341. (2/65)
3400. -3410. (7/66)	3400. -3410. (7/63)
3400. Appendix IX (Form PA-3E) (7/66)	---

Explanation

Section 2300 recognizes the premium for Supplementary Medical Insurance (Title XVIII, Part B, Social Security Act) as a personal incidental expense.

Section 2700 lists premium rate for Supplementary Medical Insurance.

Item 3120.2 establishes a simplified process for establishing initial eligibility for hospitalization.

Page 3122.-3122.1 has been reissued for manual sequence.

Item 3333.1 recognizes all benefits from Title XVIII as a resource.

Item 3340.1 adds an exception to relatives as a resource when establishing initial eligibility for hospitalization.

Section 3410. sets up procedure for use of the new Form PA-3E for initial certification of eligibility for hospitalization.

8/17/68
B

TO COUNTY WELFARE BOARDS
Transmittal Letter MAA #12

June 20, 1966

Form PA-1D, Affidavit of Initial Eligibility for Medical Assistance for the Aged. Form PA-3E, Initial Certification of Eligibility for Medical Assistance for the Aged. An initial supply of both forms will be sent to you under separate cover. Additional supplies must be ordered from State Use in the usual manner.

Instructions

Please remove superseded pages and replace with new material.

Insert Form PA-1D as Appendix VI in the 3100 section.

Insert Form PA-3E as Appendix IX in the 3400 section.

Very truly yours,

Philip Petito

Philip Petito, Acting Chief
Bureau of Assistance

PP:MGK
Attachment

Approved
Irving J. Engelman, Director
Division of Public Welfare

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare - Bureau of Assistance

TRANSMITTAL LETTER
MAA - #11

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

September 14, 1965

TO COUNTY WELFARE BOARDS

Attached is one copy of the following new and revised material which is effective immediately.

Attached pages (9/65)

3240. - 3242.3; 3243.
3530. - 3534; 3540. - 3542.4

Superseded pages

3240. - 3243.; 3243. (3/64)
3530. - 3534; 3540. - 3542.4 (7/64)

Explanation

3242. - has been revised to take advantage of Federal matching which now allows benefits to be received in the same calendar month under MAA and OAA under specified conditions.

3534. - contains a cross-reference to the exception in 3242.1.

3542.2 - deletes the second paragraph under nursing home care.

Instructions

Remove superseded pages listed above and replace with revised material.

Additional copies of this material are being forwarded for staff distribution.

Very truly yours,

E. F. Hann, Jr., Chief
Bureau of Assistance

EFH:MG:ak
Approved
Irving J. Engelman, Director
Division of Public Welfare

5-15-67
CK

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare - Bureau of Assistance

TRANSMITTAL LETTER
MAA - #10

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

August 13, 1965

TO COUNTY WELFARE BOARDS

Attached is one copy of the following new and revised material which is effective immediately.

Attached pages (8/65)

Chapter 3800 Table of Contents
3800 - 3811

Superseded pages

Chapter 3800 Table of Contents 7/63
3800 - 3810 7/63

Explanation

3811. - has been added to incorporate Manual of Administration pages 2809. -2809.2, 2809.3 p.1 and p.2 into the program of Medical Assistance for the Aged.

Instructions

Remove superseded pages and replace with attached pages as listed above.

Additional copies of this material are being forwarded for staff distribution.

Very truly yours,

E. F. Hann, Jr., Chief
Bureau of Assistance

EFH:MGk

Approved
E. F. Hann, Jr., Acting Director
Division of Public Welfare

5-15-67

CK

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare - Bureau of Assistance
Trenton 08625

TRANSMITTAL LETTER
MAA - #9

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

June 30, 1965

TO COUNTY WELFARE BOARDS

Attached is one copy of the following new and revised material which is effective immediately.

Attached pages (6/65)

General Table of Contents (v) (rev.)
Chapter 3900, Table of Contents (i) (rev.)
3930. (new)

Superseded pages

General Table of Contents (v) 3/64
Chapter 3900, Table of Contents (i) 7/63

Explanation

Section 3930 - all policy and procedures issued by Manual of Administration Transmittal Letter #66 concerning Title VI of the Civil Rights Act of 1964 are hereby incorporated into the program of Medical Assistance for the Aged

Instructions

Remove superseded pages listed above and replace with revised material.

Insert new 3930. opposite 3920.

Additional copies of this material are being forwarded for staff distribution.

Very truly yours,

Philip Petito

Philip Petito, Acting Chief
Bureau of Assistance

PP:MGk

Approved
Irving J. Engelman, Director
Division of Public Welfare

5/15/67

CK

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare - Bureau of Assistance

TRANSMITTAL LETTER
MAA - #8

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

June 17, 1965

TO: COUNTY WELFARE BOARDS

Attached is one copy of the following material which is effective July 1, 1965.

Pages Attached		Pages Superseded	
Chapter 2100, Table of Contents	6/65	Chapter 2100, Table of Contents	7/63
2110. - 2110.2; 2110.3	6/65	2110. - 2110.3	7/63
3117.1 - 3117.2	6/65	3117.1 - 3117.2	7/64
3130. - 3132.	6/65	3130. - 3132.	3/64
3100. - Appendix IV	6/65	3100. - Appendix IV	7/64
3100. - Appendix V	6/65	3100. - Appendix V	7/64

Explanation

2110.2 - clarifies eligibility for medical assistance for hospitalization in relation to patient status as ward service or general service.

3117. b. 1) - eliminates the making of an affirmative decision as determining the effective date of application.

3130. - extended to include the situation of a patient who countersigned the PA-1C but whose death occurs during the application process,

3100. - Appendix IV (PA-1B) - revised to provide the additional factor of patient status in screening inquiries for MAA.

3100. - Appendix V (PA-1C) - revised in accordance with extension of 3130. to give CWB authority to proceed with the application process when death occurs after the PA-1C has been signed.

Instructions

Remove superseded pages and replace with attached pages as listed above.

Additional copies of this material are being forwarded for staff distribution.

Very truly yours,

E. F. Hann, Jr., Chief
Bureau of Assistance

EFH:MGk
Att.
Approved
Irving J. Engelman, Director
Division of Public Welfare

5/12/67

CK

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare - Bureau of Assistance

TRANSMITTAL LETTER
MAA - #7

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

February 15, 1965

TO: COUNTY WELFARE BOARDS

Attached is one copy of the following material which is effective immediately.

Pages Attached		Pages Superseded	
General Table of Contents (iv)	(rev.)	General Table of Contents (iv)	7/63
Table of Contents Chapter 3300 (ii)	(rev.)	Table of Contents Chapter 3300 (ii)	7/63
3330. -3330.2	(rev.)	3330. -3330.2	7/63
3330.2-3331.1	(rev.)	3330.2-3331.1	7/63
3333.1-3334.	(rev.)	3333.1-3333.2	7/63
3340. -3341.	(rev.)	3340. -3341.	7/63
3342. -3344.1	(rev.)	3342. -3344.2	7/63
3344.2	(new)	- - - - -	
3350.	(3/64)	- - - - -	

Explanation

3330.2 a. - 3rd paragraph provides policy for situations where client is in a nursing home and owns property which will no longer be required for occupancy by himself or his spouse.

c. - clarifies the $500 exemption on the cash value of life insurance.

3333.3 - provides procedures to be followed when a client has a health insurance plan with deductible clauses.

3334. - recognizes the possible availability of Federal facilities as a resource for meeting costs of health services for certain applicants.

3341. - clarifies the procedure for determining the capacity of relatives to contribute to medical assistance for the client.

3342.3 - establishes the time period for such determination.

3350. - reissue is necessary because of preceding material.

(over)

To County Welfare Boards
Re Transmittal Letter MAA - #7

2/15/65

Instructions

Remove superseded pages and replace with attached revised material as listed above. Insert pages 3344.2 and 3350. in consecutive order.

Additional copies of this material are being forwarded for staff distribution.

Very truly yours,

E. F. Hahn, Jr., Chief
Bureau of Assistance

EFH:MGB

Att.

Approved
Irving J. Engelman, Director
Division of Public Welfare

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare - Bureau of Assistance

TRANSMITTAL LETTER
MAA - #6

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

July 8, 1964

TO: COUNTY WELFARE BOARDS

Attached is one copy of the following material which is effective immediately:

Pages Attached	Pages Superseded
General Table of Contents (ii) (rev.)	General Table of Contents (ii) 7/63
Chap. 2200 Table of Contents (i) (rev.)	Chap. 2200 Table of Contents (i) 7/63
2400. - 2402. (revised)	2400. - 7/63
General Table of Contents (iii) (rev.)	General Table of Contents (iii) 7/63
Chap. 3100 Table of Contents (i-ii) (rev.)	Chap. 3100 Table of Contents (i-ii) 7/63
3110. - 3111.2 (revised)	3110. - 3111.2 7/63
3111.2 - 3112. (revised)	3111.2 - 3112. 3/64
3117. (new)	---
3111. Appendix IV (PA-1B) (new)	---
3111. Appendix V (PA-1C) (new)	---
3540. - 3542.4 (revised)	3540. - 3541.4 7/63

Explanation

2402. - authorizes payment at nursing home rate for extended hospital stay.

3542. - provides subsequent payments for hospitalization under conditions in 2402.

3111. and 3117. - provide for date of inquiry to be used in limited situations as date of application.

Forms PA-1B and PA-1C - provide for uniform screening and inquiries for Medical Assistance for the Aged by hospitals. These forms are to be used by a specific person whose name has been filed with the county welfare board by each hospital as the person so designated.

(over)

To County Welfare Boards
Re Transmittal Letter MAA #6

7/8/64

Instructions

Revised material.

Remove superseded pages and replace with revised pages as listed above.

New material.

Insert page 3117. opposite page 3115.2 - 3116.
Insert forms PA-1B and PA-1C in 3100 Appendix in numerical order.

Additional copies of this material are being forwarded for staff distribution.

Very truly yours,

Philip Petito

Philip Petito, Acting Chief
Bureau of Assistance

PP:MGB

Approved
Irving Engelman, Director
Division of Public Welfare

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare - Bureau of Assistance

TRANSMITTAL LETTER
MAA - #5

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

March 5, 1964

TO: COUNTY WELFARE BOARDS

Attached is one copy of the following new or revised material which is effective immediately. Additional copies for staff distribution are being forwarded.

Chapter		Title
2800		General Table of Contents - p. (v)
2800		BURIAL AND FUNERAL EXPENSES
3100		Table of Contents - p. (iii)
3101.4		Inquiry
3110.		INTAKE POLICY AND PROCEDURE
3112.		Application Policy and Procedure
3130.		DEATH OF APPLICANT DURING THE APPLICATION PROCESS
3240.		RECEIPT OF OTHER ASSISTANCE
	3242.	Old Age Assistance
3350.		AGREEMENT TO REPAY
3520.		METHODS OF PAYMENT
	3522.	Nursing Home Patient Requiring Hospitalization
3530.		PERIOD COVERED
	3534.	Prohibition against Concurrent Receipt of OAA and MAA

8/10/64

(over)

To County Welfare Boards
Re Transmittal Letter MAA #5

3/5/64

Chapter	Title
3600	Table of Contents - p. (i)
3620.	PROCESS OF REDETERMINATION

Explanatory Comment

2800 "Terminal medical expenses", has been deleted and the term "active recipient" has been defined.

3101.4 Gives separate definition for inquiry.

3112. Establishes policy to be followed when it is impossible to personally interview the prospective applicant.

3112.2 Defines the policy and procedure to be followed when the person who wishes to make application directly for MAA is in an institution.

3130. Establishes policy and procedure in the event the application process is not completed prior to client's death.

3242. & 3534. Revised to conform with the current revision of 2250.1 of the Manual of Administration which authorizes initial payments under OAA to otherwise eligible individuals who do not have sufficient income or resources for maintenance for the balance of the month following discharge from MAA.

3350. Changed to modify the requirement of the Agreement to Repay as a condition of eligibility in circumstances contemplated by 3130.

3522. Establishes rule covering concurrent payment for nursing home care and hospitalization.

3620. Coordinates time periods for redetermination of financial and medical eligibility.

Instructions

Remove General Table of Contents page (v) dated 7/63 and insert page (v) dated 3/64.

Remove Table of Contents, Chapter 2800 page (i) dated 7/63 and insert page (i) dated 3/64.

To County Welfare Boards
Re Transmittal Letter MAA #5

3/5/64

Remove page 2800. dated 7/63 and insert page 2800. dated 3/64.

Remove Table of Contents, Chapter 3100 page (iii) dated 7/63 and insert page (iii) dated 3/64.

Remove page 3110.-3111.2 .... 3112.3-3113.1 dated 7/63 and insert pages 3110.-3111.2, 3111.2-3112., 3112.1-3112.2, 3112.2 p. 1 and p. 2 dated 3/64.

Remove page 3130. dated 7/63 and insert 3130.-3132. dated 3/64.

Remove page 3240.-3243. dated 7/63 and insert page 3240.-3243. dated 3/64.

Remove page 3350. dated 7/63 and insert page 3350. dated 3/64.

Remove page 3520.-3523.2 dated 7/63 and insert page 3520.-3523.3 dated 3/64.

Remove Table of Contents, Chapter 3600 page (i) dated 7/63 and insert page (i) dated 3/64.

Remove page 3620.-3624. dated 7/63 and insert page 3620.-3623. dated 3/64.

Pen and Ink Corrections

(1) 2400 Appendix I - Section 2405. - in the last sentence, delete the phrase "For purposes of this 42 day limitation" - the first word in this sentence will then be "Readmission".

(2) 3115.2 b. - delete the parenthetical phrase (if available) in lines 1 and 3.

(3) 3222.2 - change reference in parenthesis to read (see Manual of Administration subsection 2221.3 and MAA Manual 3112.2).

(4) 3321.3 and 3322.3 - where "joint" appears, delete and write in "combined".

(5) 3330.1 - after $500 add (on the life of the single person or on the life of each married person).

(over)

To County Welfare Boards
Re Transmittal Letter MAA #5

3/5/64

(6) 3330.2 c. - in the first line under the caption add "on the life of the single person or on the life of each married person" directly after the word "insurance".

(7) 3330.2 d. - add "or spouse" at the end of first line after "client".

(8) 3410. f. - delete "from and" in the first line.

Very truly yours,

E. F. Hann, Jr., Chief
Bureau of Assistance

EFH:MGB

Att.

Approved
Irving J. Engelman, Director
Division of Public Welfare

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare - Bureau of Assistance

TRANSMITTAL LETTER
MAA - #4

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

November 26, 1963

TO: COUNTY WELFARE BOARDS

Attached is one copy of Chapter 2000, Appendix I, List of New Jersey VOLUNTARY GENERAL and SPECIAL HOSPITALS AND PUBLIC (GOVERNMENTAL) GENERAL HOSPITALS, which are licensed or approved by the Bureau of Community Institutions and recognized as currently eligible hospitals under the program of Medical Assistance for the Aged. Please refer to MAA Manual, Section 2010.1.

Instructions

Insert list as Appendix I to Chapter 2000 of the MAA Manual.

Pen and Ink Corrections

Section 2010.1, 2nd paragraph, please enter the reference in brackets "[The list of eligible hospitals is provided in 2000 Appendix I]".

The Certificate of the Attorney General is incorrectly designated as Part II - Appendix I. Please correct to read Part I - Appendix I.

Very truly yours,

E. F. Hann, Jr., Chief
Bureau of Assistance

12/9/63

EFH:HDB

Att.: 1

Approved
Irving Engelman, Director
Division of Public Welfare

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare - Bureau of Assistance

TRANSMITTAL LETTER
MAA - #3

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

August 16, 1963

TO: COUNTY WELFARE BOARDS

Attached is one copy of 2400 Appendix I, Agreement with the Hospital Service Plan of New Jersey - Summary of Contract Provisions. Additional copies for staff distribution are being forwarded.

This Agreement was effective 7/1/63.

Pen and Ink Correction

On page 2400. of the Medical Assistance for the Aged Manual of Administration in the last line of the paragraph, the reference is given as Appendix IX. Please change this to read Appendix I.

Very truly yours,

E. F. Hann, Jr., Chief
Bureau of Assistance

R.W.
8-27-63

EFH:np
Att: 1

Approved:
Irving Engelman, Director
Division of Public Welfare

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare - Bureau of Assistance

TRANSMITTAL LETTER
MAA - #2

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

July 26, 1963

TO: COUNTY WELFARE BOARDS

Attached is one copy of new section 3130., Death of Applicant during the Application Process. Additional copies for staff distribution are being forwarded.

The purpose of this section is to clarify the handling of an application when an applicant dies before the application process has been completed.

Effective Date

This section is effective retroactive to 7/1/63.

O.K. jk 8-5-63

Instructions

Insert new page 3130. dated 7/63 immediately following page 3126.-3128.

Pen and Ink Corrections

General Table of Contents, page (iii), enter 3130. Death of Applicant during Application Process in the first space underneath 3128.

Very truly yours,

E. F. Hann, Jr., Chief
Bureau of Assistance

EFH:HFDb

Approved
Irving Engelman, Director
Division of Public Welfare

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare
Trenton 08625

TRANSMITTAL LETTER
MAA-#17

MEDICAL ASSISTANCE FOR THE AGED
MANUAL OF ADMINISTRATION

August 6, 1968

TO COUNTY WELFARE BOARDS

Attached is one copy of the following revised material for the Medical Assistance for the Aged Manual of Administration. Staff copies are being forwarded under separate cover.

Attached Pages (8/68)	Superseded Pages
2800.	2800. (3/64)
3920.	3920. (7/63)

Explanation

2800. - refers to the incorporation of Ruling 2 into the Manual of Administration. Funeral and burial costs as listed in MA 2580.2 are effective for any client whose death occurred on or after July 19, 1968.

3920. - refers to the incorporation of Ruling 20 into the Manual of Administration.

Instructions

Remove superseded pages and replace with attached pages as listed above.

Very truly yours,

Irving J. Engelman, Director
Division of Public Welfare

IJE:MGK
Attachment

State of New Jersey
Department of Institutions and Agencies
Division of Public Welfare

BUREAU OF ASSISTANCE

MEDICAL ASSISTANCE FOR THE AGED

MANUAL OF ADMINISTRATION

July 1963

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CHAPTER 0000.

INTRODUCTION

0000 Introduction

0000. Nature of the Program

0001. Purpose and Intent

The New Jersey program of Medical Assistance for the Aged concerns people 65 years of age or older. It is intended that MAA shall extend Assistance to those individuals who can normally maintain themselves but who are unable to meet the costs of specified types of medical care and are not eligible to receive medical assistance under the New Jersey Medical Assistance and Health Services Act.

0002. Contrast with Income Maintenance Programs

In contrast with other public assistance programs, MAA contemplates expenditures for medical care only, and not for income maintenance. In further contrast with other programs, the process of preparing a client's budget involves only the determination of available income and resources. When a person has been found eligible for MAA, the allowances are specified by the established rates of payment for the authorized services required by such person.

0000 Introduction

0020. INFORMATION ON THE MANUAL

0021. Organization as a Separate Manual

This Manual has been developed as a statement of policy and procedure separate from all other assistance programs and applicable only to MAA. The format is such that this Manual, with a minimum of reference to other materials, will serve as the State Plan for MAA. So far as possible the outline for this Manual has been made consistent with the organization of the Manual of Administration for the other categorical assistance programs and the same instructions for use and maintenance will be applicable. Forms with instructions, and other reference materials, have been incorporated as appendices to the major sections where their use is prescribed.

0022. Referrals to other Manual Material

Certain factors such as determination of age, determination of county responsibility in respect to place of abode, and identification of eligible institutions are the same for MAA as for OAA or DA. In addition, the policies concerning fair hearings, safeguarding information and merit system administration have equal application to all categorical assistance programs. In order to avoid unjustified duplication, this Manual contains a limited number of references to other published materials which already set forth the policies and procedures applicable to these factors.

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CHAPTER 1000.

STATUTORY AUTHORITY

CHAPTER 1100

ADMINISTRATIVE ORGANIZATION

1000. STATUTORY AUTHORITY

1001. Legal Citation

The New Jersey Program of Medical Assistance for the Aged is authorized by Chapter 222, P.L. 1962, approved January 14, 1963, effective July 1, 1963 as further amended by Chapter 227, P.L. 1969. By its title this legislation supplements Title 44 of the Revised Statutes.

1002. Reference to R.S. Title 44, Chapter 7

The MAA statute, as amended, establishes several new sections in Chapter 7 of Title 44, i.e., 44:7-76 et seq. The major significance of these provisions are as follows:

a. Medical Assistance for the Aged shall be administered by the Department of Institutions and Agencies through the Division of Public Welfare and the county welfare boards in the same manner as the Categorical Assistance programs.

b. The specific and more detailed eligibility requirements for programs of categorical assistance are not relevant to MAA.

c. All of the incidents of the agreement to reimburse, and the liens resulting therefrom, have no application to MAA. (See 3350., however, for Agreement to Repay.)

d. The State shall provide such funds as may be necessary to meet expenditures for MAA.

1100. ADMINISTRATIVE ORGANIZATION

1101. Department of Institutions and Agencies

The Department of Institutions and Agencies is the administrative unit of state government which has responsibility for the administration of MAA. Under the terms of the MAA law, this Department is responsible for the general policies governing administration of MAA, and for effecting the issuance of rules, regulations and administrative orders implementing the statutory provisions.

.1 Division of Public Welfare

The Division of Public Welfare is the administrative unit of the Department of Institutions and Agencies responsible for coordinating the administration of MAA with other public welfare and public assistance programs. In so doing it has supervising authority over the Bureau of Local Operations. This Division also provides administration liaison with the other departmental divisions.

a. Bureau of Local Operations

The Bureau of Local Operations, a constituent unit of the Division of Public Welfare, has direct supervision over the administration of MAA, as well as all other public assistance programs. The Bureau is responsible for assuring implementation of the statutory provisions relating to such programs and the policies established by the Department of Institutions and Agencies and the Division of Public Welfare, through issuance of regulatory material as approved by an administrative officer of the Division and by providing administrative supervision, consultation and evaluation related to the activities of the county welfare boards.

1102. County Welfare Board

.1 Basic Administrative Responsibilities

Each county welfare board, within its own geographical area of jurisdiction, is basically responsible for the local administration of the MAA program. This responsibility for administration includes receipt and processing of applications for Medical Assistance for the Aged; investigation and determination as to all factors affecting eligibility, with consequent notice to essential parties of the decision reached; authorization and processing of payments for services on behalf of eligible individuals; reinvestigation and redetermination of continuing eligibility; provision of supportive social services which will enhance cure and rehabilitation; and termination of medical assistance upon cessation of eligibility or need. The county welfare board is also responsible, within the limit of available appropriations, for providing adequate and qualified staff in various classifications necessary for effective administration of the MAA program.

.2 Conformance to State Law and Regulations

In carrying out its administration of the MAA program each county welfare board is charged with assuring conformance with State law and official regulations and directives issued pursuant thereto. Each county welfare board is responsible for submitting prescribed reports, and for making its files and records available for review by authorized representatives of the State agency.

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CHAPTER 2000

INTRODUCTION

2000. INTRODUCTION

2001. Definition of Primary Medical Services

The term "primary medical services" as used in this Manual refers to the three general classes of health service for which payment of medical assistance is authorized by the MAA law (Chapter 222, P.L. 1962, section 2). These are hospitalization, nursing home care and home health care.

2002. Definition of Related Medical Services

The term "related medical services" as used in this Manual refers to specified health services necessarily incident to the primary medical services, which specified services are either stated in the MAA law (section 3), or are inherent to the provision of the primary medical services. The related medical services are those, and only those, provided for in section 2200. of this Manual.

2003. Requirement of Eligibility for Primary Medical Services

In accordance with the provisions of the MAA law a person is eligible for medical assistance only upon establishment of his need for one of the three primary medical services. When such need has been established, and the person found otherwise eligible for MAA, the costs of related medical services may be included in the grant of medical assistance. The fact that a person may require or has incurred expense for one of the related medical services does not of itself provide a basis of eligibility for MAA.

2010. ELIGIBLE MEDICAL INSTITUTIONS

When a person is determined eligible for MAA and requires institutional care, medical assistance can be provided only while such person is receiving service in an eligible medical institution.

.1 Institutions in New Jersey

An "eligible medical institution" in New Jersey is: (1) a public medical institution, or specified section thereof, which is certified by the Department of Institutions and Agencies as an approved public medical institution (For specific requirements governing public hospitals for mental diseases or tuberculosis see MAA - Manual of Administration Supplement, Section S-2010.); and (2) a private medical institution, or section thereof, which is licensed under Chapter 11 of Title 30 of the Revised Statutes, or otherwise certified by the Department of Institutions and Agencies as an approved private medical institution.

For the policy on evidence of certification of Institutions in New Jersey refer to section 2252. of the Manual of Administration applicable to other categorical assistance programs. For purposes of the MAA program there will also be made available for each county welfare board a list, with current changes, of the licensed or certified voluntary hospitals.

[The list of eligible hospitals is provided in 2000 Appendix I]

.2 Institutions Outside New Jersey

An "eligible medical institution" outside New Jersey is a public or voluntary medical institution which is licensed, certified or approved by the proper authority of the jurisdiction in which the institution is located. Evidence of such license, certification or approval shall be obtained from the Department of Welfare or similar authority of that jurisdiction.

VOLUNTARY GENERAL and SPECIAL HOSPITALS
and
PUBLIC (GOVERNMENTAL) GENERAL HOSPITALS

MORRIS COUNTY (Cont'd.)	TYPE
Morristown	
*All Souls' Hospital	Voluntary Gen'l.
*Morristown Memorial Hospital	Voluntary Gen'l.
Pompton Plains	
*Chilton Memorial Hospital	Voluntary Gen'l.
OCEAN COUNTY	
Lakewood	
*Paul Kimball Hospital	Voluntary Gen'l.
Point Pleasant	
*Point Pleasant Hospital	Voluntary Gen'l.
Toms River	
*Community Memorial Hospital	Voluntary Gen'l.
PASSAIC COUNTY	
Passaic	
*Beth Israel Hospital	Voluntary Gen'l.
*Passaic General Hospital	Voluntary Gen'l.
*St. Mary's Hospital	Voluntary Gen'l.
Paterson	
*Barnert Memorial Hospital	Voluntary Gen'l.
*Paterson General Hospital	Voluntary Gen'l.
*The Preakness Hospital - Valley View	Government Gen'l.
*Saint Joseph Hospital	Voluntary Gen'l.
SALEM COUNTY	
Elmer	
*Elmer Community Hospital	Voluntary Gen'l.
Salem	
*Salem County Memorial Hospital	Voluntary Gen'l.

*Contracting Hospitals, Blue Cross

VOLUNTARY GENERAL and SPECIAL HOSPITALS
and
PUBLIC (GOVERNMENTAL) GENERAL HOSPITALS

	TYPE
SOMERSET COUNTY	
Somerville	
*Somerset Hospital	Voluntary Gen'l.
SUSSEX COUNTY	
Franklin	
*Franklin Hospital	Voluntary Gen'l.
Newton	
*Newton Memorial Hospital	Voluntary Gen'l.
Sussex	
*Alexander Linn Hospital	Voluntary Gen'l.
UNION COUNTY	
Elizabeth	
*Alexian Brothers Hospital	Voluntary Gen'l.
*Elizabeth General Hospital and Dispensary	Voluntary Gen'l.
*St. Elizabeth Hospital	Voluntary Gen'l.
Plainfield	
*Muhlenberg Hospital	Voluntary Gen'l.
Rahway	
*Rahway Hospital	Voluntary Gen'l.
Summit	
*Overlook Hospital	Voluntary Gen'l.
Union	
*Memorial General Hospital	Voluntary Gen'l.
WARREN COUNTY	
Phillipsburg	
*Warren Hospital	Voluntary Gen'l.

*Contracting Hospitals, Blue Cross

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CHAPTER 2100

PRIMARY MEDICAL SERVICES

2120. NURSING HOME CARE

.1 Statutory Definition

Medical assistance shall be granted on behalf of eligible individuals who require nursing home care, which is defined by statute as "skilled nursing home services."

.2 Interpretation

This statutory definition is interpreted to mean services consistent with care in an approved public medical institution, licensed proprietary nursing home or licensed infirmary section of a non-profit or charitable home, based upon requirements and standards established for the program of Assistance to the Permanently and Totally Disabled.

The term "nursing home" shall have the meaning as stated in the regulations established pursuant to R.S. Title 30, Chapter 11, namely, "a community facility providing continuous medical and nursing care to chronic, convalescent and infirm patients in a homelike atmosphere."

For the standards and rates for nursing home care see section 2500.

2130. HOME HEALTH CARE

.1 Statutory Definition

Medical assistance shall be granted on behalf of eligible individuals who require home health care, which is defined by statute as "home health care services required by reason of an illness necessitating confinement at home for a prolonged period".

.2 Interpretation

This statutory definition is interpreted to mean authorized health services required over a prolonged period by a chronically ill or disabled person who, because of such illness or disability, is confined to his own home or other similar dwelling. A "similar dwelling" includes a boarding home and a domiciliary section of an eligible institution.

A person need not be bedfast or chairfast in order to be eligible for home health care. A person shall be considered "confined at home" if he requires the assistance of another person whenever he leaves his dwelling place for medical, therapeutic or recreational purposes for short periods of time.

For the standards and rates for medical service relevant to home health care see section 2600.

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CHAPTER 2200

RELATED MEDICAL SERVICES

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CHAPTER 2200

RELATED MEDICAL SERVICES

2200. RELATED MEDICAL SERVICES

Medical assistance for related medical services shall be granted on behalf of eligible individuals who are found to require one or more thereof incident to need for one of the primary medical services. Certain related medical services are specified by law while others are inherent to the provisions of a primary medical service.

2210. SPECIFIED BY STATUTE

2211. Out-patient Hospital or Clinic Services

The statute specifically provides that "there may be included in a grant of medical assistance for any of the [primary medical] services ... the cost of out-patient hospital or clinic diagnostic and treatment services".

This statutory provision contemplates only those medical services which can be provided without admission of the individual as a bed patient.

The term "clinic services", as used in this Manual, shall be interpreted to include preventive, diagnostic, curative and restorative services furnished to an individual on an out-patient basis by a facility operating as a clinic. Such facility may or may not be an integral part of, associated or affiliated with a licensed general hospital. The facility, if not part of a licensed general hospital (private or public) must be approved as meeting either (1) the standards established by the appropriate accrediting agency, if any, specified in statute, or (2) in the absence of any statutory accreditation agency, the standards established by the Department of Institutions and Agencies and/or the Department of Health.

2212. Prosthetics and Appliances

The statute provides that a grant of medical assistance may include "the cost of prosthetics and appliances". It is intended that these terms be broadly interpreted so long as (1) the item or device is essential to attain or maintain an acceptable standard of health, and (2) the item or device is prescribed or recommended by a fully licensed physician, dentist, chiropodist or optometrist, and (3) purchase of the item or device is authorized by the agency.

As used in this Manual, "prosthetics" are defined as artificial substitutes or replacements of missing parts of the body (e.g., artificial limb, artificial eye, denture, etc.).

As used in this Manual, "appliances" are defined as including: any device, apparatus or mechanical aid (including any orthosis) used to provide support and protection of weakened or defective body structure; any functional replacements or assistive devices to improve functionally inadequate body parts; any efficiency mechanisms for the conservation of body energy expenditure; and any materials or constructions to improve appearance of body defects (e.g., braces; hearing aids; elastic hosiery; orthopedic shoes; trusses; abdominal, arch and other supports; functional splints; adaptive or special self-help devices; eyeglasses and low vision optical aids; orthopedic supplies such as McLaughlin plates, Neufold plates, etc.).

2220. INHERENT IN PRIMARY SERVICES

2221. Physicians' Services

As used in this Manual the phrase "physicians' services" means and is limited to the professional services provided by fully licensed Doctors of Medicine and Doctors of Osteopathy. It includes the professional services of both generalists and specialists when rendered outside a hospital or clinic.

2222. Dentists' Services

The term "dentists' services" is limited to the professional services provided by licensed Doctors of Dental Surgery or Doctors of Dental Medicine, both generalists and specialists, outside a hospital or clinic.

2223. Other Practitioners' Services

As used in this Manual the phrase "other practitioners' services" is limited to the following when the services are provided outside a hospital or clinic.

.1 Podiatric (Chiropody) Services

Podiatric (Chiropody) Services means the professional services provided by licensed Doctors of Surgical Chiropody.

.2 Optometric Services

Optometric Services means the professional services provided by licensed Doctors of Optometry.

2224. Pharmaceutical Services

As used in this Manual "pharmaceutical services" means the provision (dispensing) of drugs (and specified medical supplies) by licensed and registered pharmacists, and only by the prescription or order in writing of practitioners licensed by law to prescribe such drugs (physicians, osteopathic physicians, dentists and podiatrists).

2225. Diagnostic and Therapeutic Services

As used in this Manual the phrase "diagnostic and therapeutic services" means those laboratory, X-ray and other specialized diagnostic and/or therapeutic procedures or services prescribed and deemed necessary by practitioners to detect the presence of abnormality, establish diagnosis, prevent or control progression or deterioration of disease.

.1 Clinical Laboratory Services

The term "clinical laboratory services" is limited to laboratory studies ordered by fully licensed physicians or dentists, and performed in licensed Bio-Analytical Laboratories, registered licensed bio-analytical hospital laboratories, or by medical specialists who normally and regularly perform clinical laboratory studies in their regular daily practice (e.g., specialists in internal medicine, urology, etc.)

.2 Diagnostic X-ray, Radioisotopes and Radiation Therapy Services

As used in this Manual "diagnostic X-ray, radioisotope and radiation therapy services" are limited to those ordered by fully licensed physicians, dentists and chiropodists and performed by physicians limiting their practise to radiology, or by practitioners who are qualified to undertake radiological examinations or radiation therapy within the confines of a single specialty (e.g. orthopedist, urologist, dermatologist, internist, etc; dentist; chiropodist).

.3 Other Diagnostic Procedures

As used in this Manual "other diagnostic procedures" are limited to those prescribed or ordered by a fully licensed physician and undertaken by a physician qualified by training or experience to perform such studies, or by a qualified technician or paramedical personnel under the direction and supervision of a qualified physician. (e.g. electrocardiogram [EKG], electroencephalogram [EEG], electromygram [EMG], basal metabolic rate [BMR], audiometer testing, bronchospirometry, ventilation studies, etc.)

.4 Whole Blood or Its Derivatives

Blood, plasma, etc., are within the scope of "therapeutic services" which may be provided for eligible persons when ordered by fully licensed physicians.

2226. Nursing and Associated Services

.1 Nursing Services

As used in this Manual, the term "nursing services" is limited to nursing care provided upon order of a fully licensed physician by a community nurse service (e.g. services of a public health nurse, nurse from a visiting nurse association, or nurse from a coordinated home care program); or if there is no official nursing agency, a registered nurse or licensed practical nurse in the community may provide nursing service if recommended and approved by the attending physician.

.2 Home Health Aide Services

A home health aide is defined as a person (not a member of the patient's immediate household) who is certified, in writing, by the attending physician, as qualified to assist the ill and/or disabled person to meet his personal care needs and otherwise to support the continuing medical treatment plan in the patient's own home.

Home health aide services must be provided in accordance with the physician's recommendations and must be performed under the supervision of a nurse and/or the physician.

Such services include preparing and serving special food; assisting patient in the performance of toilet and other self-care activities; accompanying patient to clinic or physician's office, and following medical recommendations, etc.

.3 Diet Counseling Service

As used in this Manual, a "diet counseling service" is a community health service, approved by a county component society of the Medical Society of New Jersey, which has a medical advisory committee and operates under standards formulated by the State Department of Health. The Service is available only to patients referred by their physicians and provides detailed and individualized instruction in specific dietary needs by qualified (American Dietetic Association) nutritionists.

2227. Physical Restorative Services

As used in this Manual, "physical restorative services" are those modalities, prescribed and supervised by a physician, for the treatment of disease or injury by physical means, as part of a planned program to assist patients in achieving their maximum potential for self-care and independence. Such services may be provided only by practitioners or by qualified therapists rendering such prescribed services under the direction and supervision of a fully licensed physician.

.1 Physical Therapy

Physical therapy refers to medically prescribed treatment by means of physical modalities administered by qualified therapists (graduates of a school or approved curriculum of Physical Therapy approved by the Council on Medical Education on Hospitals of the American Medical Association) under the direction and supervision of a qualified physician. Such therapy utilizes the therapeutic properties of heat, cold, light, water, electricity, sound, and includes functional rehabilitation activities, all types of therapeutic exercises, mechanotherapy and therapeutic massage.

.2 Occupational Therapy

Occupational therapy refers to medically prescribed functional activities used for their therapeutic value to aid in the recovery from disease or injury. The treatment is provided by qualified therapists (graduates of a school or approved curriculum of Occupational Therapy approved by the Council on Medical Education on Hospitals of the American Medical Association) under the direction and supervision of a qualified physician. As used in this Manual, the phrase "occupational therapy" does not include supervised activities designed primarily for recreational or diversional purposes.

.3 Speech Therapy

Speech therapy refers to medically prescribed retraining in speech when there has been loss of function due to injury or disease. Such therapy must be recommended in writing by a physician, and must be provided by a speech therapist who has, or is eligible for, a Basic or Advanced Certificate in Speech from the American Speech and Hearing Association.

2228. Sickroom Supplies and Medical Equipment

As used in this Manual, "sickroom supplies" includes only unusual or excessive amounts of medicine chest supplies (See Categorical Assistance Budget Manual), and specified medical supplies. All essential sickroom supplies may be provided if prescribed or ordered, in writing, by a practitioner and authorized by the Agency.

As used in this Manual, "medical equipment" refers to certain mechanical aid items recommended in writing by a fully licensed physician as essential for the medical management of the patient. Such items are non-expendable, do not usually require special fitting to a particular individual, and may be procured either by rental or by purchase.

2230. AMBULANCE AND ASSOCIATED SERVICES

.1 Ambulance

The reasonable expense of transportation by ambulance, if a fee is regularly charged therefor, may be included in a grant of medical assistance when it is determined in an individual case that such transportation is medically necessary.

.2 Other Transportation

The reasonable expense of transportation and associated travel expenses incident to securing medical examination or treatment, when determined to be medically necessary in an individual case, may be included in a grant of medical assistance. The term "travel costs" includes transportation for the individual; the cost of a required attendant when other than a member of a family; and the costs of meals and lodging for the individual and attendant, if any, enroute to, while receiving medical care, and during return from a medical facility.

2240. COORDINATED HOME CARE PROGRAM

As used in this Manual, the term "coordinated home care program" refers to a centrally-administered and physician-directed service under which a non-profit agency or facility provides coordinated medical, nursing, social and related services to selected patients in their own homes.

Standards and rates for coordinated home care programs will be promulgated as each such program is approved for utilization.

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CHAPTER 2300

PERSONAL INCIDENTAL EXPENSES

2300. PERSONAL INCIDENTAL EXPENSES

.1 Statutory Definition

The statute provides that when an individual is otherwise eligible for a grant of medical assistance there may be included therein "the cost of a reasonable allowance for personal incidental expenses; provided, however, that such costs cannot be met through other resources available to the individual."

.2 Interpretation

This statutory definition is interpreted to mean personal care items as listed in the Categorical Assistance Budget Manual, Appendix I, Page 5; clothing, life insurance premiums; insurance premiums for Blue Cross and Blue Shield, or commercial policies providing equivalent coverage; and premiums for Supplementary Medical Insurance (Title XVIII, Part B, Social Security Act) when not subject to a vendor payment.

.3 Payment from Resources

The standards of financial eligibility for MAA contemplate that individuals eligible for this program will necessarily have sufficient income to meet normal living expenses. Thus, an allowance for personal incidental expenses as authorized by the statute shall be recognized only as an adjustment of the individual's income when determining his ability to contribute toward the costs of his medical care.

The county welfare board shall make no assistance payment for personal incidental expenses for any individual receiving MAA.

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CHAPTER 2400

STANDARDS AND RATES FOR HOSPITALIZATION

2400. STANDARDS AND RATES FOR HOSPITALIZATION

2401. Hospitalized Client - Medically Eligible for Hospitalization

When the client's need for hospitalization has been determined in accordance with the provisions of sections 3252. and 3621., the authorization and processing of payments will be the responsibility of the Division of Medical Assistance and Health Services as set forth in 3510.

2402. Hospitalized Client - Not Medically Eligible for Hospitalization

When an otherwise eligible client is in the hospital but there has been a medical determination [see sections 3252. and 3621.] that he is no longer in need of hospitalization, payment for any continued stay in the hospital thereafter is not authorized under the standards and rates for hospitalization as provided in section 2401.

If, however, such client remains in the hospital, then upon request of the hospital, payment of medical assistance is authorized for a period of not more than thirty days at the maximum per diem rate otherwise allowable for nursing home care provided

a. there has been a determination that such client is in need of nursing home care [see section 3253.], and

b. active planning is being carried out to effect an early nursing home placement.

In such cases financial eligibility for MAA shall be determined in accordance with the policy applicable to hospitalization [see section 3321.] so long as the individual remains in the hospital.

[Refer to section 3542.1 for payment procedures.]

AGREEMENT WITH THE HOSPITAL SERVICE PLAN OF NEW JERSEY

2400. SUMMARY OF CONTRACT PROVISIONS

2401. Definitions

For purposes of the Agreement, certain terms are defined as follows:

.1 Eligible Person

A person who is admitted to an approved hospital as an in-patient and who is determined to be entitled to Medical Assistance for the Aged in accordance with the laws and regulations governing the program.

Furthermore, notwithstanding any provision of the Agreement and unless otherwise specifically stated herein, all references in the Agreement to "Medical Assistance for the Aged" and to persons entitled to such assistance shall be interpreted for the purpose of the Agreement only, to include "Old Age Assistance," hereinafter called "OAA recipients," pursuant to the applicable laws of the State.

.2 Approved Hospital

Any hospital which qualifies, under the laws of New Jersey governing Hospital Service Corporations, to render the kind of hospital care described in the Agreement, and which is:

a. A participating hospital, meaning any hospital, either in or outside the State of New Jersey, which has a Contracting Hospital Agreement with the Plan and which has agreed to accept as payment in full for eligible hospital services rendered to eligible persons, allowances determined under the formula set forth in Schedule B of the Agreement.

b. A non-participating hospital, meaning any hospital, either in or outside the State of New Jersey, which has not agreed to or is not eligible for the basis of payment set forth in Schedule B, and will therefore receive payment on the basis set forth in Schedule C of the Agreement.

2402. Areas of Responsibility

.1 County Welfare Boards

a. CWB determines the initial and continuing eligibility for hospital services and furnishes the hospital with a certification of entitlement for such services.

b. Upon receipt of invoices from the Plan the CWB remits to the Plan the total amount invoiced. Invoices include the Plan's actual disbursements to the hospitals, plus amounts (1) applicable to the allowance in lieu of retroactive adjustments and (2) the Plan's administrative costs, as specifically set forth in the Agreement.

AGREEMENT WITH THE HOSPITAL SERVICE PLAN OF NEW JERSEY

2402. Areas of Responsibility (Cont'd.)

.2 Hospital Service Plan of New Jersey

a. The Plan determines whether or not the hospital services rendered are eligible for coverage under the Agreement and exercises the same degree of diligence and control which it routinely employs in the adjudication of claims for Blue Cross subscribers.

2403. Hospital Benefits

.1 Hospital In-patient Benefits for Eligible Persons

a. Subject to the limitations and exclusions specified in the Agreement hospital care and services include:

1) Bed, board, meals and dietary service in ward or equivalent accommodations;

2) General nursing service;

3) Services by voluntary or paid hospital employees, by an intern or other physician in training in the hospital or by a contractor with the hospital for rendering eligible hospital services;

4) Use of operating room, recovery room, emergency room and laboratories including their respective facilities and equipment;

5) Therapeutic solutions, all types of anesthetics, oxygen, serums, dressings, bandages and plaster casts;

6) All drugs, medicines and medications customarily supplied by the hospital;

7) Therapy by physical medicine;

8) Therapeutic or diagnostic services rendered by the hospital which involve the use of radium, radon, radio-active isotopes or x-ray, provided any equipment or material used for such services is owned or rented by the hospital;

9) All other hospital facilities and equipment not specifically excluded in the Agreement.

AGREEMENT WITH THE HOSPITAL SERVICE PLAN OF NEW JERSEY

2403. Hospital Benefits (Cont'd.)

.1 b. An approved hospital is entitled to payment for services rendered to an eligible person as an in-patient, in connection with dental treatment by a duly licensed dentist, only:

1) If such services are made necessary by accidental injuries, or

2) For extraction of certain types of impacted molars, treatment of malignancy of the mouth, or certain types of oral surgery involving bone, or

3) If certification is in writing by a licensed physician that hospitalization is medically necessary for extraction because of complicating factors, or

4) If the patient is admitted for an eligible diagnosed non-dental condition and the dental services are rendered as part of the prescribed treatment for such condition, or to alleviate the patient's discomfort during the period of hospitalization.

c. Should an eligible person occupy a private room neither the Plan nor the CWB is liable for any additional charge.

2404. Hospital Services Excluded

The Plan does not allow payment for:

a. Out-patient service;

b. Services rendered elsewhere than in an Approved Hospital;

c. Services rendered in connection with dentistry except as noted above;

d. Hospitalization primarily for bed rest, rest care, convalescent, custodial or sanatorium care, diet therapy, or occupational therapy;

e. Ambulance service; private nursing; blood; plasma or other blood derivatives or components; services and supplies not directly related to the care of the patient;

f. Hospital services which may be the responsibility of other sources;

g. Hospital services rendered prior to the date on which the patient becomes an Eligible Person;

AGREEMENT WITH THE HOSPITAL SERVICE PLAN OF NEW JERSEY

2404. Hospital Services Excluded (Cont'd)

h. Services of physicians (other than to the extent that services of interns or other physicians in training in the hospital are reflected in the per diem payment to the hospital); services of technicians not directly or indirectly employed or contracted for by the hospital;

i. Hospital services rendered for research studies, screening, routine physical examinations and checkups, or any examination not incident to, or necessary for, the diagnosis of a sickness or injury;

j. Prosthetic devices such as artificial limbs, artificial eyes, cardiac pacemakers, and the like.

2405. Duration and Extent of Hospital Care

Entitlement to payment includes for each continuous period of hospitalization, the total number of days prescribed by the attending physician as medically necessary.

2406. General Provisions

.1 Medical Recertification

The Plan is entitled to require the hospital to submit, on behalf of any eligible person, a certificate of medical necessity signed by the attending physician not more frequently than at 10-day intervals.

.2 Hospital Admission

Nothing in the Agreement guarantees to an eligible person admission to any hospital or the facilities in any hospital for the rendering of any service provided in the Agreement.

AGREEMENT WITH THE HOSPITAL SERVICE PLAN OF NEW JERSEY

2406. General Provisions (Cont'd.)

.3 Payments and Recoveries

a. If payment under the Agreement is obtained by or for any person who is not entitled thereto, the Plan or the appropriate CWB has the right to recover such payment from the payee or other person benefiting therefrom.

b. Payment by the Plan for hospital services is made directly to the Approved Hospital following the Plan's approval of such claim, except that in a situation where the eligible person has already paid an Approved Hospital for services eligible for payment under the Agreement but for which payment under the Agreement has not yet been made by the Plan, reimbursement may, if so authorized by the CWB, be made to the eligible person in such amount as the Plan would otherwise be paying to the hospital under the Agreement.

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CHAPTER 2500

STANDARDS AND RATES FOR NURSING HOME CARE

2500. STANDARDS AND RATES FOR NURSING HOME CARE

[The standards and rates for nursing home care shall be established by the Commissioner, Department of Institutions and Agencies.

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CHAPTER 2600

STANDARDS AND RATES FOR OTHER MEDICAL SERVICES

2600. STANDARDS AND RATES FOR OTHER MEDICAL SERVICES

[Established by the Commissioner, Department of Institutions and Agencies.

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CHAPTER 2700

STANDARDS AND RATES FOR PERSONAL INCIDENTAL EXPENSES

2700. STANDARDS AND RATES OF ALLOWANCES FOR PERSONAL INCIDENTAL EXPENSES FROM RESOURCES

The standards and rates for personal incidental expenses are as itemized below:

a. Personal care items - $9.00 per month;

b. Clothing in accordance with the Categorical Assistance Budget Manual Section 311.;

c. Life insurance premiums in an amount not exceeding a payment required to provide a policy yielding total benefits of $1,000 or less;

d. Premiums for Blue Cross and Blue Shield, or commercial policy providing equivalent coverage in an amount equal to actual cost;

e. Premiums for Supplementary Medical Insurance (Title XVIII, Part B, Social Security Act) in an amount equal to the established rate.

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CHAPTER 2800

BURIAL AND FUNERAL EXPENSES

2800. BURIAL AND FUNERAL EXPENSES

Payment for burial and funeral expenses cannot be made through the MAA program.

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STATE OF NEW JERSEY

ARTHUR J. SILLS

ATTORNEY GENERAL

June 25, 1963

Department of Health, Education and Welfare
Washington, D. C.

Gentlemen:

Certificate of the Attorney General

This is to certify that under N.J.S.A. 30:1-2 and N.J.S.A. 30:1-7 the Department of Institutions and Agencies of the State of New Jersey is the State agency vested with the complete, exclusive jurisdiction, supreme and final authority and requisite power to supervise the administration of the State Plan for Medical Assistance for the Aged (Chapter 222, New Jersey Laws of 1962) to which this certificate is annexed.

This is to further certify that pursuant to N.J.S.A. 30:1-12 the Department of Institutions and Agencies of the State of New Jersey has the power to issue rules and regulations pertaining to the administration of said Plan, and that pursuant to N.J.S.A. 30:4B-2, as amended, the Division of Public Welfare is authorized to administer the rules and regulations pertaining to the Plan.

This is to further certify that pursuant to Chapter 222, New Jersey Laws of 1962, sections 4 and 6, the rules and regulations so adopted are binding upon the County Welfare Boards, which are the local units of government involved in the administration of the Plan.

/s/ Arthur J. Sills
Arthur J. Sills
Attorney General of New Jersey

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CHAPTER 3000

INTRODUCTION

3000. INTRODUCTION

3001. Community Responsibility for Individual Need

The community recognizes that the welfare of the individual is essential to the community as a whole. As one of the numerous services which have been created in response to this principle, public assistance is provided so that needy persons can secure a minimum but adequate standard of living. The program of MAA is specifically intended to make necessary and proper health services available to aged persons who are not eligible to receive medical assistance under the New Jersey Medical Assistance and Health Services Act (Chapter 413 P.L. 1968) and who might otherwise forego such services or become financially dependent in the course of obtaining them.

3002. Health Problems as a Factor of Individual Need

It is well recognized that health problems are a factor of individual need. When necessary and proper services are not provided for an individual in relation to an illness or disability, need can result from inability to undertake employment and depletion of income and resources. When an individual has insufficient funds to provide for a standard of living compatible with decency and health, a failure to provide for this need can result in illness and disability.

3003. Basic Principles of Administration

The basic principles of administration set forth in section 2004. of the Manual of Administration for other categorical assistance programs are equally applicable to MAA.

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THE APPLICATION PROCESS

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CHAPTER 3100

THE APPLICATION PROCESS

3100. THE APPLICATION PROCESS

3101. Definitions

.1 Application Process

The application process includes all activity relating to a request for MAA. It begins with the first statement to the CWB that an individual wishes to receive MAA and continues in effect until there is an official disposition of the application.

.2 Applicant

An applicant is an individual who has made an affirmative decision personally or through an authorized agent to apply for MAA following an interpretive interview, and whose application has not been officially disposed of by the CWB. The term "applicant" also includes, for any individual incapable of acting on his own behalf, the authorized agent who has made the application for assistance as provided in section 3101.3 when reference is made to interviews or communications with the individual.

.3 Authorized Agent

A legally appointed guardian shall always be recognized as an authorized agent to initiate an application for MAA.

In MAA an individual who wishes to apply for assistance may be confined at home or at an institution, or may be subject to a critical illness or injury, which impedes action on his own behalf. Consequently, the CWB shall accept any one of the following, in the order of priority as listed, as an authorized agent for the purpose of initiating an application for MAA:

a. a relative by blood or marriage;

b. a staff member of an institution or facility in which the person is receiving care who has been designated by the institution or facility to so act;

c. a staff member of a public or private welfare agency, of which the person is a client, who has been designated by the agency to so act; or

d. a physician or attorney of whom the person is respectively a patient or a client.

3101. Definitions (Cont'd)

.4 Inquiry

a. An inquiry is an oral or written statement indicating interest in making application for MAA for a specific individual, made either by the individual or by a person who can serve as an authorized agent, in which the inquirer

1) is awaiting interpretive interview; or
2) delays in making a decision to apply; or
3) decides not to make an application.

[As to disposition of "inquiry" see 3111.2 a. 1) and 3115.2]

b. What would otherwise be an inquiry shall be deemed only a "request for information" when the inquirer

1) does not identify a specific individual as desiring assistance; or
2) cannot identify himself as an authorized agent for a specific individual.

[As to disposition of a "request for information" see 3111.1]

.5 Application (Terms used to Classify)

a. A new application is an affirmative oral or written request for MAA from or on behalf of an individual who has never previously requested medical assistance in any county in the State under that program.

b. A reapplication is an affirmative oral or written request for MAA by or on behalf of an individual whose previous application for MAA was rejected in any county in the State and for whom reconsideration is requested of his current eligibility under the same program.

c. A reopened application is an affirmative oral or written request by or on behalf of a former recipient of MAA in any county in the State for reconsideration of his current eligibility for the same program.

d. A transfer application is a written request for MAA by or on behalf of an individual who at the time of registration is still receiving MAA from the welfare board of another county from which he has moved.

e. Pending application is the general term for application, reapplication, reopened application, or transfer application prior to official disposition.

3101. Definitions (Cont'd.)

.6 Registration

Registration is the action of the CWB in making an official record of and assigning a control number to an application.

.7 Disposition of Application

The disposition of an application is the official determination by the CWB that one of the following actions is appropriate:

a. Approved means that the applicant has been determined to be eligible for assistance.

b. Rejected is an inclusive term (for statistical purposes) for the following actions:

1) Denied means that the applicant has been determined to be ineligible for assistance for a specific reason.

2) Dismissed means official recognition that eligibility need not be considered further because:

a) The applicant died or moved to another jurisdiction within New Jersey during the application process; or

b) The applicant cannot be located; or

c) The application was registered in error.

3) Withdrawn means that the applicant or his authorized agent decides not to pursue his application further and requests orally or in writing that the CWB terminate its activity on the case.

.8 Recipient

A recipient is an applicant who has been found eligible for a grant of medical assistance. The individual retains his status as a recipient until it is officially determined that he is no longer eligible.

.9 Client

The term "client" includes any person who is applying for or receiving assistance.

3101. Definitions (Cont'd.)

.10 Medical Assistance

Medical assistance consists of payments on behalf of individuals authorized as eligible by the CWB but disbursed by the State issued in the form of a check to the provider(s) of an authorized health service.

3102. Responsibilities in the Application Process

.1 The Division of Public Welfare

Pursuant to statutory authority the Department of Institutions and Agencies, through the Division of Public Welfare, establishes policy and procedure on the application process consistent with law and three appropriate Bureaus of such Division, supervises the operation of and compliance with the policy and procedure so established.

.2 The County Welfare Board

The county welfare board has responsibility in the application process to:

a. interpret the purpose and eligibility requirements of the program and indicate the applicant's rights and responsibilities under its provisions;

b. receive applications;

c. make known to the applicant appropriate resources and services both within the agency and the community, and, if necessary, assist him in using them;

d. assist the applicant in exploring his eligibility for assistance, including consideration of his available income and resources;

e. determine and report initial eligibility promptly;

f. assure prompt notification to eligible and ineligible persons regarding their status.

g. account to the Division of Public Welfare for all applications.

.3 Responsibilities of the Applicant

As a participant in the application process, the applicant has the responsibility to:

a. explain the problem which brought him to the CWB and what he thinks the agency can do to help him;

b. assist the CWB in securing evidence that corroborates his statements; and

c. report promptly any change affecting his circumstances.

3103. Policy and Procedure on Prompt Disposition

.1 Normal Standards of Reasonable Promptness

The maximum period of time normally essential to process an application between the date of application and the date of effective disposition is thirty days.

"Date of effective disposition" as used in the preceding paragraph means:

a. In the case of an approved application, the date on which first payment is issued to the applicat, or the date on which written notice of approval is sent to him, whichever is earlier;

b. In the case of a denied application, the date on which written notification, informing the applicant of his lack of eligibility and the reasons therefor, is sent to him;

c. In the case of a withdrawn application, the date which written notification, confirming to the client that the agency has taken cognizance of his voluntary withdrawal, is sent to him;

d. In the case of a dismissed application, the date on which written notification, informing the applicant of the dismissal and the reasons therefor, is sent to him; and, with respect to an applicant who died, whose whereabouts is unknown, or for whom an application was erroneously registered, the date on which the decision to dismiss the application is determined by the director of welfare or by the welfare board, whichever is earlier.

.2 Exceptions from Normal Standards

It is recognized that there will be exceptional cases where the proper processing of an application cannot validly be completed within the period and under the conditions specified above. Where substantially reliable evidence either of eligibility or ineligibility is still lacking at the end of the designated period, the application shall be continued in pending status in preference to an arbitrary or hasty disposition based on insufficient evidence. In each such case, however, the CWB shall be prepared to demonstrate that the delay resulted from one of the following:

3103. Policy and Procedures on Prompt Disposition (Cont'd.)

.2 a. Circumstances wholly within the applicant's control; or

b. A determination to afford to an applicant, whose proofs of eligibility have been inconclusive, further opportunity to develop additional evidence of eligibility before final action on this application; or

c. An administrative or other emergency that could not reasonably have been avoided; or

d. Circumstance wholly outside the control of both the applicant and the CWB.

.3 Notification

When the final disposition of an application is delayed beyond 30 days, written notification shall be sent to the applicant on or before the expiration of such period, such notification to contain information as follows;

a. If the reason for delay comes within the description of a. or b. above, the applicant shall be reminded that the CWB has been waiting for him to take certain action, or shall be informed that it is necessary for him to provide certain additional information, and that he should notify the CWB promptly whether or not he can furnish such additional information; and that unless the CWB hears from him within 30 days it will be assumed that he is no longer interested in establishing eligibility for medical assistance and the application will therefore be denied.

b. If the reason for delay comes within the description of c. or d. above, the applicant shall be informed of the reason for delay and the time within which he may expect to receive either a notice of final action or further advice from the CWB.

.4 Agency Controls

Each county director of welfare shall arrange operational procedures and establish appropriate operational controls within his staff organization to expedite the processing of applications and assure the maximum possible compliance with these standards.

Control records on the exceptional cases shall disclose at any time the identity of all applications which have been in pending status for more than 30 days, and the reasons therefor. Such records shall be adequate to make possible the preparation of a report of such information at any time that it might be requested by the welfare board or the Division of Public Welfare.

3110. INTAKE POLICY AND PROCEDURE

"Intake" is an inclusive term applied to the county welfare board's activities in relation to requests for information, medical assistance and service. Although the primary function of the CWB in the MAA program is to provide medical assistance to eligible persons, nevertheless consideration shall be given to referrals not directly related to a request for assistance. Certain standard procedures have been established in order to assure an orderly method for receiving, considering and disposing of all requests.

The CWB recognizes that in making a request the person has taken a step toward meeting some problem which has become too difficult for him to handle alone. Regardless of the nature of the request, the "intake process" should not be terminated until the person understands whether, and how, the CWB can help with the problem, what other specific sources of help are available, or if such be the case, that there is no resource known to CWB to meet his situation.

3111. Referrals

The following procedures shall be observed in respect to referrals for medical assistance:

.1 Requests for Information

In response to simple requests for information in person, by letter or telephone, the CWB will provide information as appropriate to the nature of the request.

.2 Inquiries (See 3101.4)

a. From Prospective Applicant or Relative Acting as Authorized Agent

When a prospective applicant, or his relative acting as authorized agent, inquires about medical assistance he shall be given an opportunity to arrange for an interview at the earliest mutually convenient date. The information pamphlet shall be sent with any written response to inquiries by letter.

b. From Other Persons

When a person other than a prospective applicant or his relative calls at the CWB office, telephones, or writes to inquire about medical assistance on behalf of a specific individual, he shall be informed about the programs and provided the information pamphlet. It shall be explained that so far as the circumstances will permit it is the CWB's policy to communicate directly with the individual concerned, or a relative as an authorized agent, regarding his wish to apply.

3111. Referrals (Cont'd.

.2 c. From Agencies

Upon receipt of an inquiry from an agency or institution, an appointment shall be arranged for the client in the CWB office or at the place where he may be, as appropriate to his situation. When an inquiry is received from a hospital on Form PA-1C (Inquiry for Medical Assistance for the Aged) and the form is countersigned by the prospective applicant or his relative, it shall be treated as an inquiry from such prospective applicant.
(See 3115.2 as to recording of inquiries.)

.3 Clearance

a. All inquiries and referrals shall be cleared with the master index, and any previous information on file shall be made available to the worker for the initial interview.

b. It will frequently be necessary or helpful to clear with other public or private agencies directly, either before or during the application process, when available information shows or indicates the client is known to another agency.

3112. Application Policy and Procedure

No written application shall be executed nor any application registered before a personal interview with the prospective applicant, or with an authorized agent when the applicant is too ill or too handicapped physically or mentally to supply the necessary information. In case of interview with the authorized agent, the worker must record in the narrative the reason why the applicant could not be interviewed.

3112. Application Policy and Procedure (Cont'd)

.1 Who Has Right to Apply

There shall be recognition of the individual's right to file an application and have his eligibility formally determined if that is the wish, even though the information immediately available indicates clearly that the individual is not eligible and this has been explained to him.

a. The general principle shall be that any person 65 years of age or older who has been found not eligible to receive medical assistance under the New Jersey Medical Assistance and Health Services Act (Chapter 413 P.L. 1968) and who believes himself to be eligible has the right to apply for assistance for himself.

b. An authorized agent, as defined in 3101.3, has the right to apply for another person.

c. In respect to the residence requirement, persons making an initial application must be residents of New Jersey at the time of application, except that section 3221.3 does provide for certain special situations affecting New Jersey residents who are temporarily absent from the State.

.2 Applications for MAA

When a person seeks medical assistance an application for medical assistance Form PA-1 and an affidavit for public assistance Form PA-1E are made to the welfare board of the county of residence at the time of application.

With regard to persons currently receiving patient care in or planning to enter public or private medical institutions, or nonprofit or charitable homes, who wish to make application for medical assistance, the following policy and procedures shall be observed:

a. Individual Receiving Patient Care in Medical Institution or Nonprofit or Charitable Home

1) CWB to which inquiry is directed

a) The individual who wishes to apply for medical assistance or the medical institution or nonprofit or charitable home acting as the referring agency should make inquiry to the CWB of the county in which the institution is located unless b) is applicable.

3112. Application Policy and Procedure (Cont'd.)

.2 a. 1) b) When a hospital knows the client's residence to be in a county other than that in which such hospital is located, the inquiry may be made directly to the CWB of such county if so stipulated by mutual agreement between such welfare board and the hospital.

2) Action by CWB Receiving the Inquiry

a) If it is determined that the individual is in an institution in the county of residence, the CWB shall register the application and complete action thereon.

b) If is determined, prior to registration of an application, that the individual's residence is in another county, the CWB which has initially received the inquiry about medical assistance shall conduct an application interview. If the individual decides to apply, he shall be assisted in completing an application Form PA-1. All relevant information which can be obtained, particularly including the date of the inquiry, shall be recorded on appropriate case record forms. However, the application will not be registered by the CWB initially handling the inquiry.

The CWB receiving the inquiry should notify the CWB of the county of residence as soon as such residence has been determined, and shall thereafter forward promptly the completed application and all available information. The CWB of the county of residence shall be responsible for immediate registration and further processing. The welfare boards concerned should, through mutual cooperation and agreement, develop and utilize whatever methods are deemed to be most effective in facilitating the processing of the application.

3112. Application Policy and Procedure (Cont'd)

.2 a. 2) c) In the event that the CWB initially receiving the inquiry registers an application and subsequently determines that the residence is in another county, it shall so notify the appropriate CWB and proceed as specified above in 2) b). However, the application shall be disposed of as a "dismissal" (registered in error) by the CWB initially receiving the inquiry.

In such instance the registration number shall be crossed out on the original PA-1 before forwarding to the other county. However, the date registered shall be retained on the original PA-1 since this date constitutes the effective date of application. The receiving county will use the same PA-1 and original registration date for registering the application and shall not require the applicant to execute another application.

b. Applicant Planning to Enter Medical Institution or Nonprofit or Charitable Home in Another County

If at the point of application the individual is in the county of residence, but a plan is being made for him to enter a medical institution or nonprofit or charitable home in another county, the application shall be registered and processed by the CWB of residence even though the individual moves to such institution in advance of official action on the application.

A person should be afforded opportunity to complete an application at the time of the interpretive interview if he so desires. When a person is unable to visit the CWB office, or lacks transportation, arrangements should be made to conduct the application interview at the place where he may be. When information indicates that the death of the individual may be imminent, the CWB should make immediate provisions for affording an opportunity for the execution of the PA-1 and PA-1E by the individual or his authorized agent.

All following provisions of 3100., The Application Process, shall primarily be applicable to applications directly for MAA.

3113. Initial Interview Concerning Applications Directly for MAA

It is recognized that the interview cannot proceed in any set fashion since individuals will present varying problems, and be variously ready to accept interpretation and direction. The interviewer will need skill in keeping focus on the over-all objectives even though the discussion may over-lap or digress. However, in no event shall execution of Application Form PA-1 and Form PA-1E be undertaken as the first step or objective of the interview.

More than one interview may be necessary to obtain adequate information from the client and to work out a satisfactory plan with him. Regardless of the number of interviews, or where held, the following procedures are to be observed and adapted to the situation.

.1 General Scope of Initial Interview

The initial interview shall be directed toward:

a. Providing the individual an opportunity to identify his problem through mutual discussion;

b. Interpreting in clear simple terms the eligibility requirements, the scope of the investigation including resources and the ability of relatives to support, the periodic review of eligibility, etc., to enable the individual to decide whether or not he wishes to make application, or to defer his decision;

3113. Initial Interview Concerning Applications Directly for MAA (Cont'd)

.1 c. If he decides to make application, execution of Application Form PA-1 and Affidavit Form PA-1E;

d. Securing as much factual data as practical in relation to determination of eligibility;

e. Planning the next steps to be taken by the applicant and the CWB; and

f. If the individual does not make application, assisting him as appropriate to locate and use other sources of help to meet his problem..

.2 Decision on Filing Application

The basic principle shall be that the individual shall make the decision whether or not to make application for medical assistance or to defer decision. It shall also be explained to the individual that he has the right to withdraw his application at any point before official determination of eligibility is completed by the CWB.

.3 When Application May be Accepted for Registration

As a general rule, applications shall be accepted and processed as soon as an individual makes an affirmative decision to apply for medical assistance following an interpretive interview.

Forms PA-1 and PA-1E are executed by the applicant with the assistance of the caseworker. If he is unable to read, the contents of the forms, including the data he has provided, shall be read to him before he signs them, and he shall be given duplicates for his own records.

.4 Special Factors for Interpretation

a. The following special factors shall be interpreted as the individual's situation may require:

1) the nature of allowances for medical services;

2) the nature of allowances for personal incidental expenses;

3113. Initial Interview Concerning Applications Directly for MAA (Cont'd.)

.4 a. 3) the principle that all income, including contributions from relatives, is taken into consideration;

4) the principle that available cash resources, if any, over the prescribed maximum, must be used to meet current needs before assistance is granted;

5) the principle of adjusting the amount of payment as either requirement or income change; and

6) the responsibility of applicant to report changes in his circumstances.

b. Every applicant shall be given preliminary information about payment procedures emphasizing that only payments, and such vendor payments for medical services only, are provided by the program.

c. The applicant shall be given general instructions on procedures for obtaining medical services.

d. Every applicant shall have explained to him his right to Fair Hearing and his attention directed to the statements on the reverse of Application Form PA-1 and in the information booklet.

.5 Closing the Initial Interview

a. Applicant

When the interview has resulted in an application for medical assistance, the interview should close with a clear, mutual understanding of the next steps to be taken by the applicant and the CWB, including

1) Instructions as to what further information and records the applicant is to obtain himself, and what further steps the CWB must take to establish his eligibility;

3114. Applications for Mentally Incompetent Persons (Cont'd.)

.2 b. If, after considering the client's responses according to the above criteria, there is reasonable doubt of his mental competency, he may nevertheless execute an application form if physically able and willing; or, the form shall be completed and executed by an authorized agent as provided in 3101.3.

3115. Registration Procedures and Record of Inquiries

.1 Application

Official registration of an application consists of the following steps:

a. Entry in application register under appropriate classification as new, reapplication, reopened application, or transfer in.

b. Assignment of case control number (registration number) to a new application, or reassignment of previous number to a reapplication or reopened application in the series designated.

c. Preparation of Form PA-9, Registration Card.

So far as possible registration shall be completed on the same day that application for medical assistance is made. If the application is made outside the CWB office, registration shall be completed within two working days.

.2 Inquiries

a. All inquiries, whether by interview, correspondence or telephone, which do not immediately result in a decision to apply for medical assistance, shall be recorded on an index card of the same size but different in color from other cards in the master index for registered applications.

b. The inquiry record shall contain the name and address of the person on whose behalf the inquiry was made, the name and address of the person making the inquiry, the date of the inquiry, and a brief summary of the nature of the request and what was done by CWB in respect to the inquiry. If the information obtained warrants a narrative report that cannot be given in full on the card, such a report shall be prepared.

3115. Registration Procedures and Record of Inquiries (Cont'd.)

.2 c. In a situation in which the inquiry may result in a decision to apply within a specified time limit, the record of inquiry shall be held in a follow-up file until determination is made that the individual concerned is or is not applying for medical assistance.

d. If the inquiry results in an application, the record of inquiry shall immediately be made part of the official case record relating to such application.

e. If the inquiry does not result in an application, the index card shall be filed alphabetically in the master index with notation of all action to that point and cross reference to any narrative report or correspondence on file.

f. Narrative reports and correspondence on inquiries shall be filed appropriately. In the event of any subsequent inquiry or application, earlier material shall be collated with the reports and material relating to the subsequent action.

3116. Assignment of Pending Applications for Completion of Eligibility Determination

The method for routing a pending application through the registration process to the caseworker for completion of eligibility determination shall be established by the individual CWB to fit its own operational pattern. However, each CWB shall provide a method to assure assignment to a caseworker within three working days; and, establish a follow-up or tickler system for all pending applications which shall be checked on a weekly basis by the person(s) immediately responsible for supervision of casework staff.

3117. Effective Date of Application

.1 Policy

In contrast with other programs of public assistance, the statute establishing MAA contemplates retroactive payments of medical assistance, related to the date of the application, when eligibility has been affirmatively determined. In order to carry out the purposes of the statute, it is necessary to fix an effective date of the application which is not subject to delay in affording opportunity for an interpretive interview. Consequently, the effective date of medical assistance to be entered on Form PA-1 shall be determined by the date when the earliest of the following alternatives occurs:

a) the individual or his authorized agent (see 3101.3) applies for medical assistance following an interpretive interview; or

b) the CWB receives an inquiry* from an individual acting on his own behalf; or

c) the CWB receives an inquiry* on behalf of a specific individual made by a legally appointed guardian or by a relative by blood or marriage.

(* A referral from a hospital shall be deemed an inquiry only when made on Form PA-1C which has been countersigned by the individual or his relative.)

.2 Utilization

The effective date of the application, as determined in accordance with the rules stated above, shall be used as the date or registration of the application and shall be used in determining the period for which authorized payments of medical assistance shall be made.

3120. PROCESS OF ESTABLISHING ELIGIBILITY

The process of establishing eligibility, starting with the initial interview, involves the collection, verification, analysis and appraisal of information pertinent to the client's particular situation. Establishing eligibility means, in addition to determining such technical elements as age and the fact of being a New Jersey resident, consideration of the client's total situation, his physical, emotional and social needs as well as his economic need, and how these can best be met.

The investigation will normally require a visit to the client, contacts with relatives and other persons or agencies, examination of various records, and correspondence.

.1 Policy on Visit to the Client

A visit to the client at the place where he may be is an essential element in developing an understanding of the client in relation to his particular needs and problems.

It is recognized, however, that in certain simple situations it may be possible to establish eligibility through office interviews and collateral investigation. In such cases the granting of assistance should not be delayed merely to accomplish such a visit.

The necessity of such a visit prior to granting assistance shall be determined on an individual case basis. In no event, however, shall more than one monthly payment of medical assistance be made before a visit to the client and review of the situation in relation to information obtained by the visit.

.2 Simplified Process for Establishing Initial Eligibility for Hospitalization

Most persons 65 years of age and older are eligible for hospital insurance benefits under Part A and certain medical services under Part B of Title XVIII, Federal Social Security Act.

Prior to January 1, 1973 such hospital insurance benefits provided for 90 days of hospital care in a participating hospital for each "spell of illness" subject to payment of $68 deductible covering the first 60 days. In addition in respect to hospital care the $68 remains applicable in the situation where a Medicare patient begins a benefit period with a hospital stay beginning in 1972, even though he receives services in 1973, so long as the benefit period has not terminated.

3120. PROCESS OF ESTABLISHING ELIGIBILITY

.2 (Cont'd)

However, where the benefit period begins in 1973, the deductible amount will be $72, the coinsurance amount for a day of inpatient hospital services from the 61st day through the 90th day will be $18, for a lifetime reserve day $36, and for an ECF day from the 21st day through the 100th day $9.

The lifetime reserve represents a resource which must be utilized. This means that where a client has exhausted his 90 days during a "spell of illness" the county welfare board shall not assume the full cost of any additional days of hospital care until it has established that the "lifetime reserve" of 60 days has also been exhausted.

The following procedures are designed to provide a simplified method for processing applications for payment of the deductible and coinsurance in regard to hospitalization and the deductible for covered medical services, if any, during the 90 day period only.

a. The county welfare board must verify the fact that the applicant is not eligible to receive Medical Assistance under the New Jersey Medical Assistance and Health Services Act (Chapter 413, P.L. 1968).

b. Application will be taken on Form PA-1G.

c. The Repayment Agreement, Form PA-10E, will not be taken.

d. Legally Responsible Relatives identified in section 3341. will not be evaluated.

e. In lieu of the procedures prescribed in subsection 3120.1 and sections 3121. through 3124., the applicant will execute the Affidavit of Eligibility for Hospitalization, Form PA-1D. (See 3100. Appendix VI.) (Person providing the information must be specifically advised that he will be called upon to attest to its accuracy under oath.)

f. Where the applicant is unable to provide the affidavit because of a physical or mental condition and there is no guardian or relative by blood or marriage available, items a., b., and c. will apply and the county welfare board will conduct an investigation to secure the information required on Form PA-1D, Affidavit of Initial Eligibility for Medical Assistance.

3120. PROCESS OF ESTABLISHING ELIGIBILITY (Cont'd)

.2 g. The worker will prepare a recommendation for agency decision (see 3125.) subject to supervisory review and approval. (See 3126.)

1) If the client is otherwise eligible, the amount of medical assistance to be granted for a benefit period which begins in 1973, shall be the total of the following items if applicable: $72 for the first 60 days of hospital care, $18 per diem for the next 30 days of such care, $36 for a lifetime reserve day, $9.00 for an ECF day and physician's services up to the amount of $48 (80% of the $60 deductible) if the client has Supplementary Medical Insurance Part B and if such payment is necessary to satisfy the deductible or 80% of the reasonable charges if the client does not have such coverage.

2) If the client was in the hospital within the 30 day period prior to date of application, payment of the deductible amount(s) shall be authorized.

3) Payment of the per diem coinsurance amount shall not be authorized for any day which is more than 30 days prior to date of application.

h. If payment of medical assistance is authorized, the director of welfare, or his designated representative will execute Form PA-3E, Initial Certification of Eligibility for Medical Assistance for the Aged, and issue copies as provided by 3420. and 3430.

i. If the client is not eligible for Part A benefits or if he still requires hospital care at the end of the 90 day period, the county welfare board shall institute the routine application process. Form PA-3D, Certification of Eligibility for Medical Assistance for the Aged will be completed as authorization for payment for such care, taking into consideration the additional coverage for hospital care, if any, available to the client from the "lifetime reserve" of 60 days.

j. All other policies and procedures concerning medical assistance for hospitalization will remain in effect.

3121. Planning Completion of Eligibility Determination

The worker's first step upon assignment of an application is to review all recorded data to learn what kind of person client is, what additional facts are needed, the most efficient methods to obtain the information, whether special problems exist and how urgent they are, and whether an appointment was made for a visit or worker is to send an appointment notice. Systematic planning of the investigation will save time and effort and assure prompt service to the applicant.

3122. The Field Visit

An interview with the applicant at the place where he may be is an important step in the development of a satisfactory relationship with the client and, as the situation may require, other members of his household. The caseworker learns with experience to judge quickly the best method for putting client and family at ease so that there may be a satisfactory exchange of accurate information. Every effort should be made to achieve privacy, even in institutional settings.

.1 Purposes of Field Visit

In general and considering the health services required, the purposes of the visit to the client are to

a. Provide client an opportunity to explain his situation, raise questions, talk about his special needs, and be identified and understood as a person in relation to his particular setting;

b. Meet other members of the household, particularly legally responsible relatives, to interpret the program to them and discuss their ability to support and willingness to provide certain items of need for the client, or to discuss with the operator of a boarding or nursing home, or other institutional facility, those aspects of client's situation and of agency procedure which are pertinent to an understanding of the responsibilities and relationships of operator, client and CWB;

c. Develop a realtionship between the worker and the family which will enable the worker to understand and evaluate the interpersonal relationships within the family, and the socio-economic and health conditions existing in the household;

d. Evaluate the adequacy of the living arrangement in respect to client's safety, comfort, convenience and health;

e. Obtain additional verification of facts by examination of evidence in client's possession, or to consult him about other possible sources of evidence;

f. Interpret or reinterpret specifically to client and family those aspects of his continuing relationship with CWB which are important in terms of meeting his needs adequately and promptly, or which affect eligibility or the amount of medical assistance; e.g., how client obtains medical care, why he must notify CWB of change of address within the county, to another county, or of his plan to leave the State for a visit or permanently, and when his income or resources increase or decrease, or there are changes in his family situation or living arrangements, etc.

3123. Collateral Investigation

.1 Definition

"Collateral investigation" shall refer to contacts with individuals other than members of client's immediate household, such as relatives, employer, lawyer, physician, landlord, neighbor; with business organizations, such as banks or insurance companies; with social and health agencies or institutions; and to checking or consulting relevant documents and public records not in the possession of the client.

.2 General Policy

The primary purpose of collateral contacts is to verify or supplement or clarify discrepancies regarding essential information supplied by the client. An additional purpose is to secure information from or to secure the advice and help of others in order to plan with the client and his family for his total welfare.

Except in very unusual situations where circumstances require otherwise, collateral contacts shall not be undertaken until the applicant or his authorized agent, has formalized his request for medical assistance by signing an application Form PA-1. It shall be explained that by signing he recognizes his responsibility and obligation to cooperate with the CWB where it is necessary for the agency to consult other sources of information. In addition, whenever the need to consult other sources arises, the client shall be informed what specific persons and sources the CWB plans to contact to help him establish his eligibility and why it is necessary to see or write to such persons or sources.

The client must understand, however, that it is the CWB which is responsible for determining whether he is or is not eligible. If he is unwilling to have the necessary inquiries made and is unable or unwilling to secure the required information from such sources himself, then it shall be explained to him that CWB will be unable to make an affirmative determination. In this situation, unless he wishes to withdraw his application he must expect that it will be denied by CWB.

[For detailed policy and procedure on establishing eligibility in respect to specific requirements see Chapter 3200 and Chapter 3300.]

3123. Collateral Investigation (Cont'd.)

.3 Selection and Method

In planning the use of collateral sources of information, the selection should be in terms of their value to the client and the CWB in such case, and should not be made routinely. The client will usually be able to help select the most likely sources of information about himself.

The number of contacts required will depend upon the reliability of the information when obtained, the reliability of the informant, and the completeness and authenticity of the records consulted.

The method of contact, personal interview, telephone or correspondence (letter or standard form) will depend on the nature and purpose of the information sought.

a. Documents and Public Records

Judgment should be exercised in respect to checking or requesting information from such public records as vital statistics, court records, county records, (deeds and mortgages) and from financial institutions such as banks, postal savings, etc. Routine checking of all cases is time consuming, would unnecessarily delay eligibility determination for many cases, and add to administrative costs. For instance, unless there is good reason to believe the applicant once owned or had an interest in real property, it should not be necessary to check the county records; or, if the applicant has a peice of evidence showing him to be of eligible age and such evidence appears to be acceptable proof, it would be wasteful of time and effort to request proof from vital statistics records merely to build up further proof in the record.

It is usually desirable to obtain data from these sources in written form. However, where permission can be secured for inspection of records by CWB personnel the practice is acceptable and is often quicker and simpler.

b. Individuals and Agencies

Persons who know the client, or who have knowledge of his situation, should not be consulted unless it is believed they can provide information which is necessary to establish eligibility or helpful to a better understanding of the client and his needs.

3123. Collateral Investigation (Cont'd.)

.3 b. (Cont'd.)

When practical, it is generally more satisfactory to interview individuals, particularly if their relationship with the client has been on a personal basis; but again, judgment must be used since some individuals will not wish to give the time for a personal interview, or the data desired is simple and a telephone call is satisfactory and quicker.

In respect to securing information from the staff and records of another agency, the same judgment should be exercised as to when and how to contact. Of course, any specific procedures agreed to by CWB and other community agencies, or provided for in State Division regulations, should be observed.

.4 Confidentiality and Collateral Investigation

Whether the collateral contact is made in person, by telephone, or correspondence, the information provided must be in sufficient detail to assure that the individual receiving the request understands what the CWB wants and to elicit interest and cooperation. However, the information given should be limited to relevant material and should never extend to discussion of social or economic aspects of the client's situation which are not essential to accomplish the purpose of the contact.

A like respect for confidentiality is accorded any information supplied by the collateral source. [See 3920. for policy on Safeguarding Information].

3124. Evaluation and Recording

When the necessary investigation is complete the worker makes a final evaluation of the data obtained. It is important to select and weigh the facts carefully to assure that all eligibility factors have been adequately verified to establish that the applicant is or is not eligible. Hearsay evidence and personal opinions of individuals should be weighed but discounted if not consistent with verified information.

The worker considers all health service requirements with particular attention to need for primary medical service, the worker also makes an evaluation of resources and the effect on eligibility to receive medical assistance. [See 3300., Financial Eligibility, and Categorical Assistance Budget Manual].

3124. Evaluation and Recording (Cont'd.)

All facts pertaining to eligibility are recorded on required case record forms or in the narrative report as appropriate. This includes preparation of Form PA-3, Financial Eligibility Statement; and a summary statement in respect to referral to other community resources, steps to resolve certain problems with applicant and his family, and follow-up on potential resources as appropriate to the individual situation.

3125. Recommendation for Agency Decision

The caseworker is initially responsible for the recommendation as to whether the application should be approved or denied. If the recommendation is for approval, the recommendation includes:

a. The primary medical service for which assistance should be granted;

b. The amount of the regular monthly exemption for personal incidental expenses, if any;

c. The amount of excess income and/or resources available to be applied to the cost of authorized medical services; and

d. The date as of which client is eligible for payments of medical assistance.

The caseworker signs the Financial Eligibility Statement, Form PA-3 or initials a typescript signature.

3126. Supervisory Review and Approval

It is recognized that in some instances the caseworker will wish to consult supervisory personnel prior to arriving at the recommendation. A worker should be expected to complete the investigation and formulate the recommendation in the average case prior to supervisory review.

Every application, reapplication or reopened application shall be reviewed by a supervisory staff member prior to disposition, but the detail in which it is reviewed may vary according to the nature of the case and the supervisor's knowledge of the caseworker's competence.

Any difference of opinion between caseworker and supervisor should be resolved by conference, and, if necessary, the issue should be referred to a higher administrative level for disposition.

3126. Supervisory Review and Approval (Cont'd)

All records of applications shall be approved in writing by the supervisor following review, either by signature or initialed typescript signature.

3127. Disposition of Application

An application, subsequent to supervisory approval, shall be promptly acted upon by the following methods.

.1 Action by Executive Authority

It is the intent of State law and policy that the normal method for disposing of applications recommended for approval shall be by the authority vested in the director of welfare to make decisions on eligibility. The director has the same authority to make case decisions other than approvals.

.2 Action by Welfare Board

The only applications which should be held for the welfare board for initial action are those which require special review of the facts or of certain problems affecting eligibility, for interpretation of policy, etc.

3128. Notice of Agency Decision

Each applicant shall receive prompt written notice of every agency decision which relates to his eligibility, except, of course, an individual who has died or who cannot be located.

Designation of personnel responsible for preparation of decision notices shall be at the discretion of the agency. However, it shall be the primary responsibility of the caseworker to see that prompt appropriate notice is sent. It shall be the responsibility of supervisory personnel to see that not only do all notices include the minimum content and enclosures required by State policy, but also sufficient explanatory detail to assure the client's understanding of the basis for the agency's decision.

[See 3400., Decision Concerning Eligibility.]

3130. DEATH OF APPLICANT DURING THE APPLICATION PROCESS

In accordance with statute no grant of medical assistance may be made prior to the filing of an application, but when eligibility for MAA is determined payments of assistance may include authorized costs for medical services incurred on and after the date of application, or within 30 days of the date of application in the case of hospitalization. Accordingly, the death of an applicant subsequent to the filing of an application for MAA does not of itself negate vendor payments of medical assistance for authorized medical services received prior to death and within the period permitted by law.

When an application for MAA has been filed by or on behalf of an individual by execution of a Form PA-1 and Form PA-1E, or when a Form PA-1C (See 3117.) has been countersigned by the individual himself, and such individual dies before the application process is completed, the CWB shall continue action necessary for disposition of the application. If it is determined that eligibility existed prior to death, whether or not there was opportunity for completing the interpretive interview, the application shall be approved in relation to the costs of authorized medical services received prior to death.

3131. Deceased Applicant's Estate as a Resource for Costs of Medical Services

In circumstances contemplated by section 3130., the estate of the deceased applicant shall be considered the primary resource for payment of costs of medical services received prior to death, and payment of MAA shall not be made for any of such costs which can be met from the estate of the deceased individual.

3132. Evaluation of Deceased Applicant's Estate

In the evaluation of a deceased applicant's estate as a resource for payment of costs of medical services, the following rules shall apply:

a. The total value of the deceased applicant's estate shall be the value of all property, real, personal or mixed, which becomes subject to administration by a personal representative either in accordance with a testamentary document or the laws concerning descent and distribution of intestate property.

3132. Evaluation of Deceased Applicant's Estate (Cont'd)

b. The exemptions of income and resources as provided in Chapter 3300 for determination of eligibility shall not be applicable in evaluation of the estate except that the exemptions provided in 3330.2 shall continue applicable on behalf of a surviving spouse.

c. When there are no resources other than the estate available to meet the costs of burial, or such other resources have a monetary value of less than $350, an exemption shall be allowed against the value of the estate so that the amount of $350 will be available for the costs of burial.

d. When there is a surviving spouse of the deceased applicant, and the cash resources available to such spouse (either through personal ownership or insurance or other benefits accruing upon death of the applicant) are less than $900, an exemption shall be allowed against the value of the estate so that the amount of $900 in cash resources will be available to the surviving spouse.

e. If the net value of the estate, after application of the appropriate exemptions, is less than the costs of approved medical services received prior to the death of the applicant, a grant of MAA shall be made for the balance of the costs of such medical services.

COUNTY WELFARE BOARD

Form PA-1 (Rev. 7/63) (SU)

APPLICATION FOR PUBLIC ASSISTANCE

CASE NAME _____
(Last) (First) (Middle)

P. O. Address: _____

Community of Residence _____

Township _____

To be filled in by County Welfare Board
Registration No. _____
Related Registration Nos. _____
_____
Date Registered _____
Status: ☐ NA ☐ RA ☐ RO ☐ TR ☐ CA

I have been informed by a representative of the county welfare board of the eligibility requirements for _____ _____ as established by State law and regulation. I do hereby apply for such assistance for the person(s) listed below who, to the best of my knowledge and belief, are in need and meet these eligibility requirements:

Name (Last name first)	Sex	Birthdate	Name (Last name first)	Sex	Birthdate

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that I must furnish certain information to the county welfare board to establish eligibility and extent of need for public assistance; that the county welfare board will help to secure this information and verify it. I will supply complete and accurate information, within my knowledge, to representatives of the county welfare board. I hereby authorize and direct my relatives, physicians, hospital, employers, bankers, and any other person having information concerning the persons named above to furnish complete details to the county welfare board. I understand that the information obtained will be used ONLY in connection with the application for or receipt of assistance.

I also understand that it is my duty to report immediately to the county welfare board any change in living conditions, family situation, or income from any source.

I am fully informed and aware of the contents of this application, and know that making false statements, or failure to reveal information by me or causing others to conceal information to support this application, or failure to keep the welfare board informed of changes in my circumstances or income, would be a violation of the law for which penalties have been fixed.

_____
(Signature(s) of Applicant(s))

_____
(Signature of Authorized Agent)

_____
(Address of Authorized Agent)

STATE OF NEW JERSEY

COUNTY OF _____

Personally appeared before me _____ who being duly sworn according to law, depose(s) and say(s) that the statements made in connection with this application for assistance are true and correct.

Sworn and Subscribed to before me this _____ day of _____ 19____

_____
(Representative of Agency)

(SEE OTHER SIDE FOR COMPLAINT AND FAIR HEARING EXPLANATION)

A STATEMENT CONCERNING FAIR HEARINGS

Under the provisions of State law, persons seeking or receiving assistance who are dissatisfied with any action or lack of action by the county welfare board have the right to ask for a fair hearing.

A fair hearing may be requested by a person who has been denied the opportunity to file an application for assistance, by a person who feels that the amount of assistance he is receiving is incorrect, by a person whose assistance payment has been suspended, or by a person who still believes he should receive assistance although his application has been denied or his payment has been discontinued.

It is the policy of the agency to complete action on any application, so far as possible, within a period of thirty days in Assistance for the Blind, Assistance for Dependent Children, Medical Assistance for the Aged and Old Age Assistance, and within a period of sixty days in Disability Assistance. Every applicant is entitled to receive on or before the end of thirty days in Assistance for the Blind, Assistance for Dependent Children, Medical Assistance for the Aged and Old Age Assistance, or sixty days in Disability Assistance, either a notice of final action or an explanation of the reason for unavoidable delay in final action. A fair hearing may be requested by any applicant who believes that action on his application has been unreasonably delayed beyond the period of time stated above.

It is the policy of the county welfare board to give prompt attention to all complaints by dissatisfied persons, and to do everything possible within the law and regulations to adjust complaints in a simple and informal manner. It is not required that a person file a request for a fair hearing in order to obtain prompt consideration of a complaint, or to have the matter reviewed in an informal way by higher authority. Any request for such a review, whether made orally or in writing, will receive prompt attention.

A fair hearing is a method of reviewing complaints by the Commissioner of Institutions and Agencies or his representative. When a fair hearing is requested, the Commissioner will arrange for a suitable time and place for holding the hearing, and a decision will be made based on the testimony and evidence presented at the hearing. Such decision will be final.

A fair hearing may be secured by advising the county welfare board of the desire for such a hearing or by addressing a request to the Commissioner of Institutions and Agencies, State Office Building, Trenton 25, New Jersey.

Every person who has a complaint has a free choice whether it shall be reviewed and adjusted informally by the local office or the State office, or whether it shall be reviewed in a fair hearing. If he chooses an informal review, but continues to be dissatisfied with the result, he still has a right to request a fair hearing.

DEPARTMENT OF INSTITUTIONS AND AGENCIES
Lloyd W. McCorkle, Commissioner

_____ COUNTY WELFARE BOARD

CERTIFICATION IN LIEU OF APPLICATION FOR MEDICAL ASSISTANCE FOR THE AGED

CASE NAME _____
(Last) (First) (Middle)

P. O. Address: _____

Community of Residence _____

Township _____

To be filled in by County Welfare Board
Registration No. _____
Previous Program Nos. _____
_____
Date Registered _____
Status: ☐ NA ☐ RA ☐ RO ☐ TR ☐ CA

It is hereby certified that _____ (name) is presently receiving [ ] OAA [ ] AB [ ] Other: _____, has been determined by professionally competent evidence to be in need of _____

_____, _____,
(Primary Medical Service)

and is believed to be in all respects eligible for Medical Assistance for the Aged.

_____

Date: _____ Title: _____

INSTRUCTIONS: This certification form provides for administrative action in lieu of application for Medical Assistance for the Aged. It shall be used only for persons who are receiving other categorical assistance, who are 65 years of age or older, and who have been determined to be in need of a primary medical service. See MAA Manual of Administration sections 3101.5 a. and 3112.3.

COUNTY WELFARE BOARD

FINANCIAL ELIGIBILITY STATEMENT FOR MEDICAL ASSISTANCE FOR THE AGED

NAME _____ CASE NO. _____
Last First Middle

MARITAL STATUS: Single _____ Married _____

VERIFIED NEED FOR
PRIMARY MEDICAL SERVICE: Hospitalization _____ Home Health Care _____ Nursing Home Care _____

PART I

A. SUMMARY OF INCOME

Source	AMOUNT
OASDI	
Budgetable Earned Income	
Annuities-Pension, Etc. _____ (Identify)	
Other _____ (Identify)	
TOTAL INCOME	

B. INCOME AVAILABLE FOR PAYMENT FOR HEALTH SERVICE

	AMOUNT
1. For Hospitalization or Home Health Care Enter Applicable Amount From Adjusted Income Schedule	
2. For Nursing Home Care	
(A) Total Income (enter amount from A. above)	

(B) Exempt Income	AMOUNT
Shelter Continuity	
Income for Spouse	
Personal Care	
Health Insurance Premium	
Life Insurance Premium	
Clothing*	

(C) TOTAL EXEMPT INCOME _____

(D) INCOME AVAILABLE FOR PAYMENT FOR NURSING HOME CARE [(A) MINUS (C)] _____

(*Enter actual cost only for month which clothing was provided.)

PART II - SUMMARY OF RESOURCES

A. CASH RESOURCES

	AMOUNT
Cash on Hand	
Savings	
Stocks - Bonds	
Cash Value of Life Insurance (Excess Over $500)	
Other _____ (Identify)	
TOTAL	

B. REAL PROPERTY & PERSONAL EFFECTS

	AMOUNT
Net Market Value of Real Property Not Used As A Home	
Net Market Value of Personal Effects Not Essential to Client or Spouse	
TOTAL	

PART III - SUMMARY OF FINDINGS & RECOMMENDATIONS

A. Income Eligibility: Yes ____ No ____

If Yes, Amount Available for Payment For Health Service _____

B. Resource Eligibility: Yes ____ No ____

C. Personal Incidental Expenses Allowable: Yes ____ No ____

D. Certification of Eligibility

Effective Date _____

Expiration Date _____

Case Worker's Signature Date

Supervisor's Signature Date

( ) By Administrative Action _____
Signature Date

( ) Ratification By County Welfare Board _____
Signature Date

( ) By County Welfare Board Action _____
Signature Date

GUIDE FOR HOSPITAL IN SCREENING POTENTIAL APPLICANTS FOR MEDICAL ASSISTANCE FOR THE AGED

PATIENT NOT YET IN HOSPITAL: A person 65 years of age or older who has been advised by his physician of need for his hospitalization, but who has not yet entered the hospital, may be established as medically eligible for MAA upon written certification by the physician of the need for hospitalization. When request is made for a hospital bed, and the hospital has information indicating need for financial assistance to meet the costs of hospitalization, the prospective patient should be advised, directly or through the attending physician, to contact the county welfare board concerning an application for MAA. When such action is taken prior to hospital admission the determination of eligibility for MAA could be expedited.

PATIENT IN HOSPITAL: This guide should be used to determine justification of inquiry concerning possible eligibility for Medical Assistance for the Aged. If the answer to any of these questions is "Yes" an inquiry should not be made.

1. Is patient under age 65?

2. Does patient already receive Old Age Assistance?

   If so, he is ineligible for MAA because persons currently receiving OAA have a Blue Cross contract. Ask patient for his identification card or contact his county welfare board.

3. Is the patient being provided for as to professional and other personal services on other than a ward service or general service basis?

4. Does patient have Blue Cross or other insurance which seems quite likely to cover his bill?

5. Does patient's monthly income exceed the following:

   A. For single person (including widowed, divorced, separated or living apart from spouse) $500

   B. For married couple $600

6. Do patient's cash assets exceed the following:

   A. For single person (including widowed, divorced, separated or living apart from spouse) $900

   B. For married couple $1500

7. Have children or other relatives indicated willingness to assume full financial responsibility for the hospital bill?

8. Have the patient or relatives indicated that they do not wish to apply for MAA?

NOTE: An inquiry for MAA on behalf of any patient should be made through use of Form PA-1C, but only by a staff member previously designated by the hospital to the county welfare board as an official representative for this purpose.

INQUIRY FOR MEDICAL ASSISTANCE

To: From:

_____ County Welfare Board _____ Hospital

_____

_____ Date _____

1. Name _____ (Last / First / Middle)
2. Date of Admission _____
3. Provisional Diagnosis _____
4. Referring Physician _____
5. Birth Date _____
6. Permanent Home Address _____ Phone _____
7. Address from which admitted _____ Phone _____
8. Marital Status: Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed ☐ (Check one)
9. Spouse: Name: _____ Phone _____

   Address _____
10. Next of Kin (if other than spouse)

    Name _____ Phone _____

    Address _____
11. Names, Addresses and Phone Numbers of Other Relatives if Known

    _____

    _____

    _____

    _____
12. Monthly Income of Patient _____ Source _____
13. Hospital Insurance: Blue Cross ☐ Other (specify) _____
14. Employer's Name _____ Address _____

15. What inquiries have been made regarding financial responsibility for the hospital bill? What were the results?

_____

_____

16. Does patient or relative know that an inquiry is being made for Medical Assistance? _____

_____

17. Whereabouts:

Is client still in hospital? Yes ☐ No ☐

If YES, anticipated address upon discharge _____

If NO, date of discharge _____

Present address if known _____

18. Comments: _____

19. The above patient is being cared for in the hospital since _____ (date) on a ward service or general service basis as to professional and other personal services and I believe that such patient may be eligible for Medical Assistance.

Signature _____ Date _____

Title _____

20. Signature of Patient or Relative:

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that I must furnish certain information to the county welfare board to establish eligibility and extent of need for public assistance; that the county welfare board will help to secure this information and verify it. I will supply complete and accurate information, within my knowledge, to representatives of the county welfare board and will furnish pertinent documents and arrange for verification of such information by other persons and agencies having knowledge thereof, when so requested. I understand that the information obtained will be used ONLY in connection with the application for or receipt of assistance.

Signature _____ Date _____

Relationship _____

IF NOT SIGNED BY PATIENT, EXPLAIN WHY: _____

_____

_____

AFFIDAVIT OF INITIAL ELIGIBILITY FOR MEDICAL ASSISTANCE FOR THE AGED (HOSPITALIZATION)

_____ County Welfare Board Registration No. _____

An application for medical assistance for hospitalization having been filed by or on behalf of _____ on _____, the following information concerning the applicant has been provided by the person taking the affidavit below for the purpose of establishing eligibility for such assistance:

1. Case Name _____

2. Enrolled for Federal Health Benefits (Title XVIII, Federal Social Security Act)

   A. Social Security Claim No. _____

   B. Hospital Insurance (Part A) _____

   C. Supplementary Medical Insurance (Part B) _____

3. Other Hospital Insurance (specify) _____

*4. Date of Admission _____ Hospital _____

5. Birth Date _____

6. Permanent Home Address _____ Phone _____

7. Address from Which Admitted _____ Phone _____

8. Other Public Assistance Being Received _____

9. Marital Status _____

10. Spouse: Name _____ Phone _____

    Address _____

11. Monthly Income: Source _____ Amount _____

    _____ _____

    Total _____

12. Cash Resources: Nature and Value _____

    _____

    Total _____

13. Real Property Other Than Home (specify) _____

_____

14. Care in Federal Hospital Available (specify) _____

_____

_____

_____
(Signature of Applicant)

_____
(Signature of Legally Appointed Guardian or Relative by Blood or Marriage) (Relationship) (Address)

STATE OF NEW JERSEY

COUNTY OF _____

Personally appeared before me _____ who being duly sworn according to law deposes and says that the above statements are true and correct to the best of h____ knowledge and belief.

Sworn and subscribed to before me this _____ day of _____ 19___

_____
(Representative of Agency)

* A written statement from a fully licensed physician, either on his personal letterhead or prescription blank, affirming a need for hospitalization is required when the application is processed prior to the client's admission to a hospital.

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CHAPTER 3200

ELIGIBILITY FACTORS OTHER THAN FINANCIAL

3200. ELIGIBILITY FACTORS OTHER THAN FINANCIAL

Eligibility must be established in relation to each legal requirement for the program of Medical Assistance for the Aged to provide a valid basis for granting assistance or a valid reason for denial of assistance.

The applicant is the most logical source of information about himself and his affairs. In working with him the CWB excercises judgment as to how much information the applicant may reasonably be expected to secure, and at what point CWB should offer direct help in securing evidence to establish eligibility. The CWB does not initiate inquiries automatically to sources other than the applicant, or merely as a matter of convenience to the CWB. However, when the client is physically or mentally unable to act for himself or when his lack of education would make it difficult for him to write letter, complete necessary forms, etc., he should be given direct help in securing the necessary information.

The following general policy and procedure shall be observed:

.1 Sources of Evidence

The client's statements regarding his eligibility are evidence. However, for purposes of public assistance, the client's statements must be consistent and otherwise meet prudent tests of credibility and verification required by the CWB. If his statements are incomplete or questionable, they shall be supplemented and substantiated by corroborative evidence from other pertinent sources.

.2 Recording Evidence

All evidence considered by the agency in determining eligibility shall be recorded in appropriate parts of the case record.

Part III — The Individual and Medical Assistance for the Aged
3200 — Eligibility Factors Other Than Financial - Age

3210. AGE

3211. Legal Requirement

To be eligible for Medical Assistance for the Aged a person must be sixty five (65) years of age or older.

3212. Special Provisions and Evidence of Age

See sections 2211. through 2213. of the Manual of Administration applicable to Old Age Assistance.

3220. RESIDENCE

3221. State Residence

.1 Legal Requirement

The statute provides that "any resident of New Jersey ... shall be entitled to receive medical assistance ...."

.2 Interpretation

The term "resident" shall be interpreted to mean a person having his customary place of abode in New Jersey, with no durational requirement. Except as provided in 3221.4 below, a person shall be eligible for medical assistance only if physically present in New Jersey at the time of application.

.3 Absence from the State

a. Individuals who are absent from this State but who claim to be residents of New Jersey may apply for MAA. In each such case a factual determination must be made as to whether the applicant is or is not a resident of New Jersey. In determining whether such applicant is in fact a resident of New Jersey no consideration shall be given to whether or not a program of health services has been established in the jurisdiction where the applicant is then physically present.

b. Determination as to New Jersey residence of a person absent from this State shall be based upon contact with the applicant by a representative of the CWB, a representative of a public welfare agency of the jurisdiction where the applicant then is/or by other means that will provide valid information.

c. In reaching a decision as to continuing New Jersey residence of an absentee, the basic issue is whether the individual intends to return to New Jersey, or remain indefinitely in the other jurisdiction, as evidenced by the total circumstances. Although not a sole determinant, consideration may be given to the fact that a person has been absent from New Jersey for a period exceeding three months.

d. Similar questions of State residence may be presented as to persons who are physically present in New Jersey. It must be remembered that all states and jurisdictions administering health service programs under Title XIX are responsible for assisting absent residents.

3221. State Residence (Cont'd)

.3 d. (Cont'd)
The fact that an individual was or may have been motivated to move to New Jersey because of the availability of medical facilities does not, of itself, justify a finding that he has not established residence in this State.

If the total circumstances indicate that an applicant for MAA in New Jersey is actually an absentee resident of another jurisdiction, inquiry should be made as to acceptance of responsibility for health services by that jurisdiction.

.4 Eligibility of Absentee Residents

When an individual who is absent from this State is determined to be a resident of New Jersey, and it is established by medical and social evidence that it is not feasible for such person to return to New Jersey, a grant of MAA shall be made for authorized health services provided in the jurisdiction where the person then is. MAA shall be provided for eligible absentee residents in all cases:

a. where an emergency arises from accident or sudden illness; or

b. where the health of the individual would be endangered if care and services are postponed until he returns to New Jersey; or

c. where his health would be endangered if he undertook travel to return to New Jersey.

.5 Permanent Removal

If an individual leaves New Jersey with intent to establish a place of abode elsewhere, or for an indefinite period for purposes other than a temporary visit, or if he decides to remain indefinitely in the place outside New Jersey to which he had gone for a temporary visit, he ceases to be a resident of New Jersey and becomes ineligible to receive medical assistance.

3222. County Residence

County residence is not an eligibility requirement, but relates to identification of the jurisdiction responsible for receiving applications and providing services.

For persons applying directly for MAA, and persons who are recipients of MAA, county residence and changes in county residence shall be governed by the rules applicable to Disability Assistance which are not inconsistent with MAA. (See Manual of Administration subsection 2221.3 and MAA Manual 3112.2).

3230. CITIZENSHIP

A person shall not be required to be a citizen of the United States in order to be eligible for MAA.

Part III The Individual and Medical Assistance for the Aged
3200 Eligibility Factors Other Than Financial - Receipt of Other Assistance

3240. RECEIPT OF OTHER ASSISTANCE

3241. Legal Requirements

The State statute provides that a person "who is not a recipient of old age assistance" can receive MAA if otherwise eligible (Section 1).

The statute also provides that rules and regulations shall be provided "to assure that all persons for whom medical assistance is being paid under the provisions of this act shall not receive, during or with respect to the same period, any other financial assistance from this State or any political subdivision thereof with respect to any maintenance requirements or other items for which allowance is made in the assistance grant paid pursuant to this act" [Section 6 (f)].

3242. Old Age Assistance

These statutory provisions are interpreted to mean that in order to be eligible for Federal matching, an individual cannot during the same calendar month, except as indicated in a. below, receive a benefit(s) from both OAA and MAA. The term "benefit" is here used to mean either a money payment to the individual, or a health service on behalf of the individual. The month during which a vendor payment is made for such health service is immaterial as to concurrent receipt of OAA and MAA.

a. An individual may receive benefits from both OAA and MAA for any month during which such individual is admitted to or discharged from a medical institution, and Federal matching is available for the payments made in both OAA and MAA.

b. In instances described in a. above an authorized allowance may be made for personal incidentals in OAA, or for personal incidental expenses in MAA, but both cannot be made in the same month.

c. Hospitalization for recipients of OAA is provided under Part A, Title XVIII, Social Security Act up to a maximum of 90 days for each spell of illness with an additional "lifetime reserve" of 60 days; and persons eligible for OAA are entitled to all necessary related medical services. Accordingly, recipients of OAA shall not be certified to MAA for hospital care under any circumstances.

3243. Other Public Assistance

These statutory provisions are further interpreted to mean that an individual can receive benefits concurrently from MAA and any other program of public assistance excepting OAA; provided, however, that the benefit being received from the other program is not one for which an allowance is being made in MAA. Examples:

a. A blind person over 65 is confined at home by a chronic illness. An AB grant may be made to provide for needs, other than medical, while authorized medical services are paid for through MAA. An allowance for personal incidentals would be included in the AB grant, and not paid as MAA.

b. A blind person over 65 who is receiving AB is discharged from hospital care for which payment will be made through MAA. This person is not confined at home by illness, but during the same month requires medication which has no relationship to the previous hospitalization. Such medication can be paid for through AB since it cannot be paid for through MAA.

3250. NEED FOR MEDICAL SERVICES

Determination of need for any primary medical service must always be based upon the recommendation and/or advice of a fully licensed physician. The client shall, so far as possible and reasonable, be permitted free choice of practitioner. In the event that the client has no personal physician, or his personal practitioner is not available, the agency may assist him in obtaining the professional services of a fully licensed physician.

3251. Medical Eligibility Related to Primary Medical Services

To be eligible for MAA a person must be in need of one of the primary medical services, and this need must be established by professionally competent evidence. The fact that a person is ill or disabled does not per se provide a basis of eligibility for MAA unless it is determined, in the manner indicated below, that such person requires hospitalization, nursing home care, or home health care.

3252. Hospitalization

The criterion for determining need for hospitalization is:

a. the verification of admission to a general hospital; or

b. a written statement from a fully licensed physician, either on his personal letterhead or prescription blank, affirming a need for hospitalization.

3253. Nursing Home Care

The criterion for determining need for nursing home care is a certification on Form PA-4, Authorization for Patient Care, by a fully licensed physician, that the patient is in need of intensive and long term nursing care and medical treatment by reason of a chronic illness or disability (other than for care and treatment of active tuberculosis or mental illness).

3254. Home Health Care

The criterion for determining need for home health care is a certification on Form PA-23, Medical Certification of Need for Home Health Care, by a fully licensed physician, indicating that:

a. the patient suffers from an illness or injury;

b. the illness or injury is of such a nature as to necessitate confinement at home;

c. in his opinion the home confinement will persist for not less than 30 days; and

d. at least during the period indicated, the patient will require health care and/or other services as enumerated on the certification form (Form PA-23).

3260. PROHIBITION AGAINST ENROLLMENT FEES OR SIMILAR CHARGES

No fees, premiums or any similar charges whatsoever may be imposed upon any applicant or recipient as a condition of eligibility for medical assistance.

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CHAPTER 3300

FINANCIAL ELIGIBILITY

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CHAPTER 3300

FINANCIAL ELIGIBILITY

3300. FINANCIAL ELIGIBILITY

.1 Definitions

a. Single Person

A Client who is unmarried, a widow, widower, divorced, separated, or a married client who is living apart from his spouse.

b. Married Person

A client who is presently living with spouse or was living with spouse immediately before entering a hospital or nursing home.

3310. INCOME AND RESOURCES - SEPARATE ELIGIBILITY FACTORS

.1 The income and resources of a client shall be recognized as separate eligibility factors.

.2 To be eligibile for MAA, the client must have both income and resource eligibility. For example, a client who has no income may not be eligible because he has excess resources; conversely, a client who has no resources may not be eligible because his income exceeds the income eligibility factor.

3320. INCOME ELIGIBILITY

.1 Income Defined

Income includes all monies being received by the client at the time of application or eligibility redetermination. (See Categorical Assistance Budget Manual Section 402.3).

.2 Computation of Income

a. Single Person

When the income eligibility of a single person is being determined, consider only the income of the client.

b. Married person

When the income eligibility of a married person is being determined, considered the income of the client and spouse jointly.

c. Earned Income

Earned income shall be determined in accordance with Categorical Assistance Budget Manual Section 412.

3321. Income Eligibility for Hospitalization and Home Health Care

.1 Period for Determining Income Eligibility

a. Income eligibility shall always be determined for a period of three consecutive months, beginning from the date of application or from the date when redetermination of income eligibility is required.

b. All income which will be available during the three applicable months shall be considered. The sum of all such income shall be divided by three to determine monthly income for purposes of applying adjusted income schedule.

c. If at the end of any three month period the client continues to be in need of hospitalization or home health care, income eligibility shall be redetermined for the following three months.

3321. Income Eligibility for Hospitalization ahd Home Health Care (Cont'd.)

.2 Single Person

a. Monthly income is $150 or less

Single person whose monthly income is $150 or less has income eligibility.

b. Monthly income is more than $150 but not over $500

Single person whose monthly income is more than $150 but not over $500 has income eligibility. The adjusted income schedule (see Appendix V) shall be used to determine the amount the client shall pay or be obligated to pay for medical services before any payment of medical assistance may be authorized.

c. Monthly income is more than $500

The single person whose monthly income is more than $500 does not have income eligibility.

.3 Married Person

a. Income eligibility of client and/or spouse

When income eligibility for a married person is being determined, the monthly income limitation for income eligibility applies whether one or both of the married persons is applying for hospitalization and/or home health care.

b. Monthly income is $250 or less

Married client and spouse whose combined monthly income is $250 or less have income eligibility.

c. Combined monthly income is more than $250 but not over $600

Married client and spouse whose combined monthly income is more than $250 but not over $600, have income eligibility. The adjusted income schedule (see Appendix V) shall be used to determine the amount the client shall pay or be obligated to pay for medical services before any payment of medical assistance may be authorized.

d. Monthly income is more than $600

Married client and spouse whose joint monthly income is more than $600 do not have income eligibility.

3322. Income Eligibility for Nursing Home Care

.1 Period for Determining Income Eligibility

a. Income eligibility for nursing home care is determined initially for a period of three months unless b. below is applicable.

b. When a client has been receiving continuous nursing home care for six consecutive months, income eligibility shall be determined or redetermined, whichever is applicable on a six months' basis.

c. All income shall be considered available to meet authorized costs incident to nursing home care.

.2 Single Person

a. Allowable income to maintain continuity of shelter:

1) If it is necessary for a client who is receiving nursing home care to maintain continuity and availability of shelter, the actual rental costs or property charges, if home owned, shall be exempted from his income for a period of three months. At the end of this three month period, the allowable income to maintain continuity of shelter shall not be recognized and the client's income and resource eligibility shall be redetermined as necessary unless 2) below is applicable.

2) When medical evidence indicates that the client will probably be returning to his home within the next three months, the allowable income to maintain shelter continuity shall be continued for an additional period not to exceed three months.

3) When a client has received continuous nursing home care for six consecutive months, the exemption of income for shelter continuity shall not be recognized and the client's income and resource eligibility shall be redetermined as necessary.

b. Monthly income is $410 or less

The single person whose monthly income is $410 or less has income eligibility.

c. Monthly income is more than $410

The single person whose monthly income is more than $410 does not have income eligibility.

3322. Income Eligibility for Nursing Home Care (Cont'd)

.3 Married Person

a. Allowable income for spouse of married person who is receiving nursing home care

When a married client is receiving nursing home care and the client and his spouse have been customarily living together, all combined income up to $250 monthly shall be exempt for purposes of maintenance of spouse of the client.

b. Married client and spouse both need nursing home care

When a married client and spouse are both in need of nursing home care, for purposes of determining income eligibility, each client shall be considered as a single person.

1) Where applicable, deduct from joint income allowable income to maintain shelter continuity, and

2) divide remaining income to determine the per capita income of each person.

c. Combined monthly income is $650 or less

The married person whose combined monthly income is $650 or less has income eligibility.

d. Combined monthly income is more than $650

The married person whose combined monthly income is more than $650 does not have income eligibility.

.4 Application of Income for Nursing Home Care - Method

a. Subtract from the available monthly income:

1) amount authorized for personal incidental expenses for the month;

2) if applicable, the allowable income for shelter continuity;

3322. Income Eligibility for Nursing Home Care (Cont'd.)

.4 a. 3) if applicable, the allowable income for spouse of married client.

b. When the currently authorized public assistance rate for nursing home care exceeds the balance of income, as determined in a. above, a payment of medical assistance will be made monthly in the amount of this excess plus the cost of authorized medical services received during the month.

c. When the balance of income exceeds the currently authorized public assistance rate for nursing home care, there will be a payment of medical assistance for any month in which the sum of the currently authorized public assistance rate for nursing home care and costs of authorized related medical services exceeds the balance of income.

3330. RESOURCE ELIGIBILITY

.1 Resources Accountable in Determining Eligibility

The following resources are accountable in determining eligibility:

a. Cash resources

Cash resources shall be accountable in determining eligibility at their actual cash value. Cash resources are defined as cash, stocks, bonds, savings accounts of any nature, credit union shares, savings bonds, cash value of life insurance in excess of $500 on the life of the client, and any other negotiable or liquid assets which can be made available within a period of seven days.

b. Real property and personal effects

Real property and personal effects shall be accountable in determining eligibility at their net market value; i.e., the gross market value or actual cash value less the cost of sale, mortgages, liens, or other encumbrances for which the property is pledged as security. (For exemptions see 3330.2 a. and b.)

.2 Exempt Resources

The following resources are not accountable in determining eligibility except in situations as indicated:

a. Home-owned and occupied by client and/or spouse

The home, owned and occupied by the client or his spouse and so much of the land on which such house stands as is reasonably necessary for maintenance of the house, is an exempt resource.

In the situation where it has been determined that a client will no longer need his home as a residence for himself or his spouse, the net market value of the client's home shall be determined to establish resource eligibility.

In the situation where a client who has entered a nursing home has ceased to occupy owned-property as a home either for self or spouse and will no longer require the property for such use, the net market value of the property shall be considered in determining resource eligibility, except that any otherwise eligible client may be granted or may continue to receive MAA toward the cost of nursing home care so long as he is actively cooperating in efforts to liquidate the property at a price consistent with its market value and until such time as liquidation is accomplished.

3330. RESOURCE ELIGIBILITY (Cont'd.)

.2 b. Personal effects

Personal effects, including household furnishings which are used and useful to the client or spouse of the client are exempt resources.

In the situation where it has been determined that a client will no longer be using the personal effects for himself or his spouse, the net market value of such personal effects shall then be determined to establish resource eligibility.

c. Life insurance - first $500 of cash value of life insurance

The first $500 of cash value of life insurance on the life of the client is an exempt resource; cash surrender value of such insurance in excess of $500 shall be considered as a cash resource. All life insurance on the spouse of the client (who is not herself a client) shall be considered as an exempt resource.

d. Automobile

An automobile, if necessary for the health and welfare of the client, or spouse is an exempt resource.

e. County and municipal appropriations for hospitals

By specific statutory direction, county and municipal appropriations for hospitals shall not be considered as a resource.

.3 Computation of Resources

a. Single person

When the resource eligibility of a single person is being determined, consider only the resources of the client.

b. Married person

When the resource eligibility of a married person is being determined, consider the resources of the client and spouse jointly.

3331. Resource Eligibility for Hospitalization and Home Health Care

.1 Period for Determining Resource Eligibility

a. Resource eligibility shall be determined for a period of three consecutive months, beginning from date of application or from the date when redetermination of resource eligibility is required.

3331. Resource Eligibility for Hospitalization and Home Health Care (Cont'd.)

.1 b. If at the end of any three month period the client continues to be in need of hospitalization or home health care, resource eligibility shall be redetermined for the following three months.

.2 Single Person

A single person has resource eligibility only when both of the following conditions exist:

a. Value of all cash resources, as defined in section 3330.1 a. is $900 or less, and

b. the net market value of real property and personal effects, as defined in section 3330.1 b. is $2500 or less.

.3 Married Person

a. When resource eligibility for a married person is being determined, the resource limitations for resource eligibility applies whether one or both of the married persons is applying for hospitalization and/or home health care.

b. A married client has resource eligibility only when both of the following conditions exist:

1) the joint value of all cash resources, as defined in section 3330.1 a., is $1500 or less, and

2) the joint net market value of real property and personal effects, as defined in section 3330.1 b., is $2500 or less.

.4 Excess Resources

When either the client's cash resources or the net market value of real property and personal effects exceed the applicable maximum as set forth in sections 3331.2 or 3331.3 above, the client does not have resource eligibility for hospitalization or home health care.

3332. Resource Eligibility for Nursing Home Care

.1 Period for Determining Resource Eligibility

a. Resource eligibility for nursing home care is determined initially for a period of three months unless section 3332.1 b. below is applicable.

b. When a client has been receiving continuous nursing home care for six consecutive months, resource eligibility shall be determined or redetermined, whichever is applicable, on a six month basis.

.2 Single Person

a. When a client has received continuous nursing home care for six consecutive months, all resources as set forth in section 3330.1 shall be considered toward meeting the cost of nursing home care.

1) When 3332.2 a. above is not applicable, a single client has resource eligibility for an initial three month eligibility period when both the following conditions exist:

a) Value of all cash resources, as defined in section 3330.1 a. is $900 or less, and

b) the net market value of real property and personal effects, as defined in section 3330.1 b., is $2500 or less.

2) At the end of the initial three month eligibility period, all resources shall be considered toward meeting the cost of nursing home care unless section 3332.2 a. 3) below is applicable.

3) When medical evidence indicates that the client will probably be returning to his home within the following three months, his resource eligibility shall continue on the same basis as set forth in section 3332.2 a. 1) above for an additional period up to three months.

3332. Resource Eligibility for Nursing Home Care (Cont'd.)

.3 Married Person

a. When a married client and his spouse both need nursing home care, resource eligibility shall be determined for each client in accordance with section 3332.2.

b. When a married client has received continuous nursing home care for six consecutive months, and section 3332.3 a. is not applicable, all joint resources in excess of those identified in section 3332.2 a. 1) shall be considered toward meeting the cost of nursing home care.

1) When section 3332.3 a. is not applicable, a married client has resource eligibility for an initial three month eligibility period when both the following conditions exist:

a) Joint value of all cash resources, as defined in section 3330.1 a., is $1500 or less, and

b) the joint net market value of real property and personal effects, as defined in section 3330.1 b., is $2500 or less.

2) At the end of the initial three month eligibility period, all resources in excess of those identified in section 3332.2 a. 1), shall be considered as available toward meeting the cost of nursing home care, unless 3) below is applicable.

3) When medical evidence indicates that the married client will probably be returning to his home within the next three months, his resource eligibility shall continue on the same basis as set forth in section 3332.3 b. 1) above for an additional period up to three months.

3333. Health Insurance or Health Benefit Plans

.1 General Policy

All benefits from Hospital Insurance and Supplementary Medical Insurance (Title XVIII, Parts A and B, Social Security Act), Blue Cross, Blue Shield, health and accident insurance plans, and all other independent health insurance plans shall be considered as resources to meet the cost of the medical services for which they are available before payment for medical assistance can be authorized. After verification that all such benefits have been exhausted, payments of medical assistance may be authorized as necessary.

.2 Independent Health Insurance Plans

Independent health insurance plans are those resources that include prepayment or health insurance plans which, with minor qualifications, serve the general population and those plans which organizations of employed persons have developed for providing or paying for medical care required by members of this group and usually includes their dependents. A listing of these resources by names, addresses, and with code identifications as to type of sponsorship, is set forth in Appendix VI.

.3 Health Insurance Plans with Deductible Clauses

a. Where a client has a health insurance plan, which has a deductible clause before benefits for medical care are available and this health insurance plan includes payment for authorized medical services, the client's income, as determined by use of the adjusted income schedule, shall first be applied towards payment of the deductible clause.

b. In such situations, the certification of eligibility should clearly identify the kind and amount of benefits available from this health plan and that all such benefits have been exhausted before further payments of Medical Assistance for the Aged are authorized.

3334. Federal Facilities as Resources for Health Services

Applicants may have the right or privilege to use without cost medical facilities such as Veterans Administation hospitals, U.S. Public Health Service hospitals, etc. When it has been medically determined that such a facility can furnish the services necessary to meet the applicant's health needs and its use is not contrary to the social or psychological needs of the patient, such a facility, if available and accessible, shall be considered as a resource to meet the cost of the health services it provides and a payment of MAA is not authorized. However, if a bed in such facility is not immediately available, the applicant may be considered eligible for MAA if the attending physician certifies that in-patient hospital care is immediately required. Eligibility for the MAA program will terminate as soon as a bed is available and transfer to a Veterans Administration, U.S. Public Health Service, etc., hospital can be accomplished.

3340. RELATIVE RESPONSIBILITY

.1 Relatives are a Resource

a. Relatives, whatever the relationship, are a possible resource. It is and shall be the duty of the agency and its staff to determine the willingness of relatives to contribute to the medical assistance for the client. [For exception see 3120.2.]

b. The agency shall determine what contributions the relative is currently contributing or is willing to contribute to the cost of medical assistance on behalf of the client.

.2 Income from Relatives

Only the amount of monies actually being received by the client shall be considered as income.

.3 Client Information on LRR

The agency shall inform a client as to the following:

a. in determining his eligibility and granting of medical assistance, certain relatives are considered as a resource;

b. failure of an LRR to make available his evaluated capacity to pay part or full authorized costs of medical assistance does not affect the client's eligibility for medical assistance unless 3344.1 is applicable; and

c. when an LRR fails to make available his evaluated capacity, the agency will take appropriate action to recover amounts to the extent of the LRR's evaluated capacity for the assistance granted.

3341. Legally Responsible Relatives in MAA

In determining the capacity of relatives to contribute to medical assistance for the client, consider only the available evaluated capacity of the children, (children 55 years of age and over are not legally responsible) and of the spouse when living separate and apart from the client. (Where the client and spouse are separated only because the client is receiving care in an eligible medical institution, for the purpose of this policy, such situations are not considered living separate and apart.) [See Section 3332.3 b.]

3342. Determination of LRR's Evaluated Capacity

.1 Ability of LRR to Contribute

The ability of an LRR to contribute toward the cost of medical assistance for a client shall be determined in accordance with Categorical Assistance Budget Manual Chapter 500 and Appendix V.

.2 Appropriate Method

The appropriate method, as set forth in Categorical Assistance Budget Manual Chapter 500, shall be used for determining the LRR's capacity to contribute toward part or full payment of authorized costs of medical assistance.

.3 Period in Which Health Service is Received

LRR's capacity to contribute to the cost of a health service shall be determined on a monthly basis and shall be directly related to each of the calendar months in which one or more health service(s) was received by the client and for which payment is claimed by a vendor. In the situation where a client's continuous hospitalization extends into two calendar months but does not exceed 30 days, the LRR's capacity to contribute should be determined on the basis of one month capacity for each 30 days hospitalized or fraction thereof.

3343. Relatives as a Resource for Hospitalization

The amount of the LRR's evaluated capacity, to the extent it is not actually available as income to the client, shall be disregarded in determining the amount of payment of medical assistance for hospitalization. However, when a payment of medical assistance has been authorized for hospitalization, and an LRR of the client has an evaluated capacity to pay part or all of the costs of the medical assistance granted, the CWB, in attempting to effect repayment by the LRR, may utilize the provisions of R.S. 44:7-19 as required.

3344. Relatives as a Resource for Home Health Care and Nursing Home Care

.1 Client Living in LRR Household

In accordance with Categorical Assistance Budget Manual Appendix V, when a client is living in the same household with the LRR, the amount of the evaluated capacity shall be considered as available for part or full payment of the authorized costs of medical assistance.

3344. Relatives as a Resource for Home Health Care and Nursing Home Care(Cont'd)

.2 Client Not Living in LRR Household

When an LRR not living in the same household with the client fails or refuses to make available his evaluated capacity toward part or full payment of medical care costs, the agency shall make payment for authorized costs of medical assistance and take appropriate action in accordance with Categorical Assistance Budget Manual Chapter 500.

3350. AGREEMENT TO REPAY

Every applicant for Medical Assistance for the Aged shall be required to execute Form PA-10E, Repayment Agreement, as a condition of eligibility except in such situation described in 3130. (Death of Applicant During the Application Process). It should be explained clearly that this agreement imposes no lien during the lifetime of the recipient, and that no action can be taken by the CWB to secure recovery during the lifetimes of the recipient and the spouse of any amount of medical assistance properly paid.

Three copies of the form shall be prepared, the original to be filed, the duplicate to be retained by the CWB, and the triplicate to be returned to the recipient.

The applicant shall not be required to execute Form PA-10E, Repayment Agreement, as a prerequisite to filing his application if he wishes time to consult relatives or others, or if the CWB has established a procedure for execution of this form following determination of eligibility. The applicant must understand, however, that this form must be executed prior to certification of eligibility.

The procedure for entering satisfaction of any lien or potential lien imposed by the filing of Form PA-10E shall be as provided with respect to an Agreement to Reimburse in the Old Age or Disability Assistance programs.(See Manual of Administration, Section 2270)

If no payment of medical assistance is made, any Repayment Agreement executed by the applicant shall be cancelled.

3360. DISPOSAL OF ASSETS TO QUALIFY FOR ASSISTANCE

.1 General Statement

Whenever investigation indicates that a person applying for MAA has transferred or assigned any property, whether real or personal, prior to application, the motive for and circumstances surrounding such transfer and assignment shall be evaluated, and a determination made as to whether such transfer or assignment was made for the purpose of qualifying for assistance.

.2 Effect on Processing of Application

a. If it is determined that there was no intent to defraud CWB and that the transfer or assignment of the property was a normal transaction for adequate consideration, such transfer or assignment shall not affect processing of the application.

b. If the transfer or assignment is found to have been made without receipt of adequate consideration by the applicant, but with no evidence of fraudulent intent to qualify for assistance, it shall be recognized that the applicant may have legal rights to secure the return of the property or the payment of adequate consideration. In such event, this shall be considered a potential resource, and the applicant shall be expected to comply with State requirements governing the liquidation of potential resources.

c. If it is determined that such transfer or assignment was made for the purpose of qualifying for assistance, then the application shall be denied until the property itself or its equivalent value is returned.

.3 Case Record

In any application where such question arises the full facts shall be made a matter of record including a clear statement of the basis for the final decision.

ADJUSTED INCOME SCHEDULE FOR HOSPITALIZATION AND HOME HEALTH CARE ONLY

(For purposes of this schedule, adjust client's income to lowest dollar.)

Single Client

MONTHLY INCOME	CLIENT'S PAYMENT (THREE MONTHS ELIGIBILITY)
IS $150 OR LESS	Eligible for all hospitalization and home health care.
" 151 BUT NOT MORE THAN $152	Client pays first $ 6
" 153 " " " " 154	" " " 12
" 155 " " " " 156	" " " 18
" 157 " " " " 158	" " " 24
" 159 " " " " 160	" " " 30
" 161 " " " " 162	" " " 36
" 163 " " " " 164	" " " 42
" 165 " " " " 166	" " " 48
" 167 " " " " 170	" " " 60
" 171 " " " " 174	" " " 72
" 175 " " " " 179	" " " 87
" 180 " " " " 183	" " " 99
" 184 " " " " 187	" " " 111
" 188 " " " " 191	" " " 123
" 192 " " " " 195	" " " 135
" 196 " " " " 199	" " " 147
" 200 " " " " 204	" " " 162
" 205 " " " " 208	" " " 174
" 209 " " " " 212	" " " 186
" 213 " " " " 216	" " " 198
" 217 " " " " 220	" " " 210
" 221 " " " " 224	" " " 222
" 225 " " " " 229	" " " 237
" 230 " " " " 233	" " " 249
" 234 " " " " 237	" " " 261
" 238 " " " " 241	" " " 273
" 242 " " " " 245	" " " 285
" 246 " " " " 250	" " " 300
" 251 " " " " 254	" " " 312
" 255 " " " " 258	" " " 324

ADJUSTED INCOME SCHEDULE FOR HOSPITALIZATION AND HOME HEALTH CARE ONLY
(For purposes of this schedule, adjust client's income to lowest dollar.)

Single Client - (continued)

MONTHLY INCOME							CLIENT'S PAYMENT (THREE MONTHS ELIGIBILITY)			
IS	$259	BUT	NOT	MORE	THAN	$262	Client	pays	first	$336
"	263	"	"	"	"	266	"	"	"	348
"	267	"	"	"	"	270	"	"	"	360
"	271	"	"	"	"	275	"	"	"	375
"	276	"	"	"	"	283	"	"	"	399
"	284	"	"	"	"	291	"	"	"	423
"	292	"	"	"	"	299	"	"	"	447
"	300	"	"	"	"	308	"	"	"	474
"	309	"	"	"	"	316	"	"	"	498
"	317	"	"	"	"	324	"	"	"	522
"	325	"	"	"	"	333	"	"	"	549
"	334	"	"	"	"	341	"	"	"	573
"	342	"	"	"	"	349	"	"	"	597
"	350	"	"	"	"	358	"	"	"	624
"	359	"	"	"	"	366	"	"	"	648
"	367	"	"	"	"	374	"	"	"	672
"	375	"	"	"	"	383	"	"	"	699
"	384	"	"	"	"	391	"	"	"	723
"	392	"	"	"	"	399	"	"	"	747
"	400	"	"	"	"	408	"	"	"	774
"	409	"	"	"	"	416	"	"	"	798
"	417	"	"	"	"	425	"	"	"	825
"	426	"	"	"	"	433	"	"	"	849
"	434	"	"	"	"	441	"	"	"	873
"	442	"	"	"	"	450	"	"	"	900
"	451	"	"	"	"	458	"	"	"	924
"	459	"	"	"	"	466	"	"	"	948
"	467	"	"	"	"	475	"	"	"	975
"	476	"	"	"	"	483	"	"	"	999
"	484	"	"	"	"	491	"	"	"	1023
"	492	"	"	"	"	500	"	"	"	1050

ADJUSTED INCOME SCHEDULE FOR HOSPITALIZATION AND HOME HEALTH CARE ONLY

(For purposes of this schedule, adjust client's income to lowest dollar)

MARRIED CLIENT

JOINT MONTHLY INCOME	CLIENT'S PAYMENT (THREE MONTHS ELIGIBILITY)
IS $250 OR LESS	Eligible for all hospitalization and home health care
" 251 BUT NOT MORE THAN $254	Client pays first $ 12
" 255 " " " " 258	" " " 24
" 259 " " " " 262	" " " 36
" 263 " " " " 266	" " " 48
" 267 " " " " 270	" " " 60
" 271 " " " " 275	" " " 75
" 276 " " " " 279	" " " 87
" 280 " " " " 283	" " " 99
" 284 " " " " 287	" " " 111
" 288 " " " " 291	" " " 123
" 292 " " " " 295	" " " 135
" 296 " " " " 299	" " " 147
" 300 " " " " 304	" " " 162
" 305 " " " " 308	" " " 174
" 309 " " " " 312	" " " 186
" 313 " " " " 316	" " " 198
" 317 " " " " 320	" " " 210
" 321 " " " " 324	" " " 222
" 325 " " " " 329	" " " 237
" 330 " " " " 333	" " " 249
" 334 " " " " 337	" " " 261
" 338 " " " " 341	" " " 273
" 342 " " " " 345	" " " 285
" 346 " " " " 349	" " " 297
" 350 " " " " 354	" " " 312
" 355 " " " " 358	" " " 324
" 359 " " " " 362	" " " 336
" 363 " " " " 366	" " " 348
" 367 " " " " 370	" " " 360
" 371 " " " " 374	" " " 372

ADJUSTED INCOME SCHEDULE FOR HOSPITALIZATION AND HOME HEALTH CARE ONLY
(For purposes of this schedule, adjust client's income to lowest dollar.)

MARRIED CLIENT - (continued)

JOINT MONTHLY INCOME	CLIENT'S PAYMENT (THREE MONTHS ELIGIBILITY)
IS $375 BUT NOT MORE THAN $383	Client pays first $399
" 384 " " " " 391	" " " 423
" 392 " " " " 399	" " " 447
" 400 " " " " 408	" " " 474
" 409 " " " " 416	" " " 498
" 417 " " " " 424	" " " 522
" 425 " " " " 433	" " " 549
" 434 " " " " 441	" " " 573
" 442 " " " " 449	" " " 597
" 450 " " " " 458	" " " 624
" 459 " " " " 466	" " " 648
" 467 " " " " 474	" " " 672
" 475 " " " " 483	" " " 699
" 484 " " " " 491	" " " 723
" 492 " " " " 500	" " " 750
" 501 " " " " 508	" " " 774
" 509 " " " " 516	" " " 798
" 517 " " " " 525	" " " 825
" 526 " " " " 533	" " " 849
" 534 " " " " 541	" " " 879
" 542 " " " " 550	" " " 900
" 551 " " " " 558	" " " 924
" 559 " " " " 566	" " " 948
" 567 " " " " 575	" " " 975
" 576 " " " " 583	" " " 999
" 584 " " " " 591	" " " 1023
" 592 " " " " 600	" " " 1050

Independent Health Insurance Plans*

Following is a list of independent health insurance plans (other than Blue Cross, Blue Shield, and commercial insurance) which is established in New Jersey. Those identified by "(1)" are community plans, and those identified by "(2)" are employer-employee-union plans.

Allied Chemical Corp. (2)
Employees Assn.
Morristown, New Jersey

American Smelting & Refining Co. (2)
Employees Benefit Fund Perth Amboy Plant
Barber, New Jersey

B.M. & P. Welfare Fund of Summit, N. J. (2)
332 Springfield Ave.
Summit, New Jersey

Baldwin-Ehret Hill, Inc. (2)
Employees Sickness Benefit Plan
500 Breunig Ave.
Trenton 2, New Jersey

Basic Hospital & Surgical Plan of Sealand Service, Inc. (2)
P.O. Box 1050
Newark, New Jersey

Cap Makers Union, Local 68 (2)
Health Benefit Fund
426 53rd Street
West New York, New Jersey

Distillery Rectifying, Wine & Allied Workers Internat. Union of America, AFOFL (2)
Social Security Fund
707 Summit Avenue
Union City, New Jersey

Employees Benefit Fund (2)
P.O. Box 151
Perth Amboy, New Jersey

Garden State Hospitalization Plan (1)
214 Smith Street
Perth Amboy, New Jersey

Health Fund/Retail Union of New Jersey (2)
Local 108
10 Hill Street
Newark, New Jersey

Hospital Service Corp. of Rahway (1)
1439 Irving Street
Rahway, New Jersey

International Brotherhood of Teamsters Local 522 (2)
Dental Fund
1103 Broad Street
Newark, New Jersey

The International Hod Carriers Bldg. & Common Laborers Union of America Local #415 (2)
Welfare Trust Fund
Tennessee Ave. & Boardwalk
Atlantic City, New Jersey

International Hod Carriers
Welfare Fund Local #422 (2)
1425 Broadway
Camden, New Jersey

Joint Welfare Fund Local Union
#164, IBEW (2)
665 Newark Avenue
Jersey City, New Jersey

Kaysam Corporation America (2)
Group Dental Care Plan
27 Kentucky Avenue
Paterson 3, New Jersey

Lightolier Inc. and Subsidiaries (2)
Major Medical Expenses Protection
Plan
346 Claremont Avenue
Jersey City 5, New Jersey

Luso-American Fraternal Assn. (1)
214 Walnut Street
Newark 5, New Jersey

Newark New York Shipping Assn.
and Longshoremen's Assn. (2)
140 Clifford Street
Newark, New Jersey

*Source: Independent Health Insurance Plans, June 1962--U.S. Department of Health, Education and Welfare.

Form PA-10E

REPAYMENT AGREEMENT
FOR
MEDICAL ASSISTANCE FOR THE AGED

This Agreement, made this _____ day of _____ in the year of our Lord one thousand nine hundred and _____ between _____, residing at _____ in _____, County of _____, State of _____ hereinafter called the Recipient; and the _____ County Welfare Board, a corporate entity of the State of New Jersey, hereinafter called the Board.

WITNESSETH:

1. That the Recipient has made application to the Board for a grant of medical assistance as authorized under the provisions of Chapter 222, New Jersey Laws of 1962, as amended and supplemented, which said grant has been or may be approved by the Board contingent upon the execution of this agreement.

2. That for and in consideration of the said grant of medical assistance, and in accordance with the provisions of Chapter 222, New Jersey Laws of 1962, the Recipient herewith acknowledges and agrees that any of h_____ property, real, personal, or mixed, which passes to h_____ estate after h_____ death shall, as such property of h_____ estate, become liable for the repayment of medical assistance granted or to be granted to h_____ during h_____ lifetime, but no action of any kind whatsoever shall be undertaken during the lifetimes of the Recipient and of h_____ spouse to secure repayment of any amount properly paid as medical assistance.

3. That the said Board shall cause this agreement to be filed with the Clerk of the County Court or Register of Deeds and Mortgages in any County, but this agreement shall be of no force or effect for any purpose whatsoever during the lifetime of the Recipient; thereafter, this agreement shall have the same effect as a lien by judgment for medical assistance granted the Recipient on any real estate or land in which the Recipient's estate holds a title or interest, but no action of any kind whatsoever shall be undertaken to enforce such lien during the lifetime of the surviving spouse, if any, of the decedent Recipient.

(OVER)

IN WITNESS WHEREOF, the parties hereto have interchangeably set their hands and seals or have caused these presents to be signed by the duly authorized officer and its seal to be hereto affixed the day and year first above written.

..... (L.S.)

Signed, Sealed and Delivered
in the presence of

.....

..... County Welfare Board

By: ..... (L.S.)
Director of Welfare

STATE OF NEW JERSEY
COUNTY OF

BE IT REMEMBERED that on this ..... day of .....
in the year of our Lord one thousand nine hundred and ..... before me the Subscriber, a duly authorized employee of the ..... County Welfare Board, personally appeared ....., who, I am satisfied, is the person in the within agreement named, and I having made known to ....., the contents thereof ..... did thereupon acknowledge that ..... signed, sealed and delivered the same as ..... voluntary act and deed for the uses and purposes therein expressed.

.....
Case Worker

TABLE OF CONTENTS

CHAPTER 3400

DECISION CONCERNING ELIGIBILITY

3400. DECISION CONCERNING ELIGIBILITY

3410. CERTIFICATION OF ELIGIBILITY

When an official determination has been made by the county welfare board that an individual is eligibile for MAA, the director or his designated representative, subject to the provisions of section 3730. concerning third party responsibility, shall execute a Certification of Eligibility, Form PA-3D or PA-3E, Initial Certification of Eligibility, showing

a. identification of the individual by name and case number;

b. the date of application for medical assistance;

c. a statement that the individual (1) has been found eligible for MAA, (2) is in need of a specified primary medical service, and (3) is entitled to medical assistance covering the cost of authorized medical services at approved rates.

d. the amount of income or benefits (see 3333.), if any, against which the cost of authorized medical services must first be charged in any month before payments of medical assistance can be authorized (Form PA-3D); or the maximum amount of payment authorized (Form PA-3E);

e. the effective date of the certification, from and after which date the cost of authorized medical services may be met by payments of medical assistance;

f. the expiration date of the certification, after which date the cost of any medical service cannot be charged against medical assistance in the absence of a re-certification; and

g. the date of execution and signature of the director or his designated representative.

3420. NOTICE TO CLIENT

A copy of the certification of eligibility for MAA shall be sent to the individual identified thereon or his legal guardian.

3430. NOTICE TO VENDOR

Two copies of the certification of eligibility for MAA shall be sent to the hospital in which the individual identified in such certification is a patient. The hospital will attach a copy to its claim for payment when submitted to the Hospital Service Plan of New Jersey (Blue Cross).

A copy of the certification of eligibility for MAA shall be sent to the nursing home in which the individual identified in such certification is a patient.

In the case of an individual determined to need home health care, copies of the certification of eligibility may be sent to vendors of health services as the CWB may deem necessary and feasible.

When an unanticipated change in circumstances causes any client to become ineligible for continued medical assistance during the period covered by any certification of eligibility, immediate notice shall be given to any vendor who has been provided with a copy of the certification.

..... County Welfare Board

CERTIFICATION OF ELIGIBILITY FOR MEDICAL ASSISTANCE FOR THE AGED

Name: ..... Case Number: .....

Address: .....

It is hereby certified that:

1. The individual whose name is entered above applied for Medical Assistance for the Aged on ..... .

2. After due inquiry and consideration such individual has been determined to be in need of ..... and eligible for Medical Assistance for the Aged.
(Primary Medical Service)

3. Payments of medical assistance will be made for authorized health services, at approved rates, provided during the period between and including the effective date and expiration date of this certification as indicated below.

4. Payments of medical assistance for approved personal incidental expenses are not authorized.

5. In consideration of available income, such individual must be considered obligated to pay the sum of $ ..... for health services provided during the effective period of this certification, and payments of medical assistance will not be authorized unless and until there is verification of an obligation or payment for costs of health services equal to such sum.

6. The effective date of this certification is ....., and no payments of assistance will be authorized for health services provided prior to such date.

7. The expiration date of this certification is ....., and no payments of assistance will be authorized for health services provided after such date in the absence of a further certification.

.....

Date: ..... Title: .....

INSTRUCTIONS TO CLIENT: This form should be carefully retained for your use until the date shown in paragraph 7, since it identifies you as eligible for medical assistance. If you require hospitalization, a copy has been sent to the hospital. If you require nursing home care, a copy has been sent to the nursing home.

NOTICE TO PROVIDERS OF HEALTH SERVICES: Although this form indicates that it is effective for the period shown by paragraphs 6 and 7, the person named may become ineligible during this period due to an unanticipated change in circumstances. Continuing eligibility may be verified at any time by contact with the county welfare board.

_____ County Welfare Board

INITIAL CERTIFICATION OF ELIGIBILITY FOR

MEDICAL ASSISTANCE FOR THE AGED

(Costs Related to In-Patient Hospitalization)

Name: _____ Case Number: _____

Address: _____

Social Security Numbers: Account No. _ _ _ _ _ _ _ _ _ _

Claim No. _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
(Letter suffix)

1. The individual whose name is entered above applied for MAA on _____.

2. After due inquiry and consideration such individual has been determined to be in need of HOSPITALIZATION and eligible for Medical Assistance for the Aged.

3. Within the effective period of this certification payments of medical assistance will be made for costs exceeding a personal obligation of the client in the amount of $_____ for:

   In-patient hospitalization up to the amount of $52 for the first 60 days and $13 per diem for the next 30 days as appropriate; and

   Physician's services up to $40 if the client has Supplementary Medical Insurance (Part B) if such payment is necessary to satisfy 80% of the deductible, or 80% of the reasonable charges if the client does not have such coverage.

4. Source of client's personal obligation: _____

5. Payments of medical assistance for approved personal incidental expenses are not authorized.

6. The effective date of this certification is _____, and no payments of assistance will be authorized for health services prior to such date.

7. The expiration date of this certification is _____, and no payments of assistance will be authorized for health services provided after such date in the absence of a further certification.

Approved by: _____

Date: _____ Title: _____

INSTRUCTIONS TO CLIENT: This form should be carefully retained for your use until the date shown in paragraph 7, since it identifies you as eligible for medical assistance. A copy has been sent to the hospital.

NOTICE TO HOSPITAL: Although this form indicates that it is effective for the period shown by paragraphs 6 and 7, the person named may become ineligible during this period due to an unanticipated change in circumstances. Continuing eligibility may be verified at any time by contact with the county welfare board.

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CHAPTER 3500

PAYMENTS OF MEDICAL ASSISTANCE

3500. PAYMENTS OF MEDICAL ASSISTANCE

3510. AUTHORIZATION OF PAYMENT

The Authorization of payments is basically the responsibility of the Division of Medical Assistance and Health Services. This responsibility is exercised as follows:

a. Nursing Homes

The Division of Medical Assistance has direct responsibility for the authorization of payments to such facilities.

b. Other Medical Services

Responsibility for authorization of payments for all medical services has been delegated to the fiscal intermediaries, Hospital Service Plan of New Jersey or the Prudential Insurance Company. Such authority is exercised in accordance with the Provider Manuals of the Division of Medical Assistance and Health Services.

3511. Basic Rules for State Program

.1 Payments of medical assistance shall be made only for medical services duly authorized and provided to eligible recipients at approved rates.

.2 Payments of medical assistance will be made as vendor payments, i.e., checks drawn to the order of a person who has provided goods or services to or for the client, and representing payment to such person for the goods and services provided.

.3 When it has been determined and stated in the certification of eligibility that the client has income against which the cost of medical services must first be charged, authorization of payments of medical assistance shall be made only upon verification of the following as applicable:

a. in the case of hospitalization or nursing home care, that the stated amount of income has been deducted from the total amount payable at the currently approved rates for the medical services provided during the effective period of the certification of eligibility;
or

b. in the case of home health care, that the client, during the effective period of the certification of eligibility, has paid to the vendor(s) of medical services, or given written notice of his obligation to pay to such vendor(s), a sum equal to the stated amount of income.

3520. METHODS OF PAYMENT

3521. Medical Services

All approved medical services shall be paid for by vendor payments.

3530. PERIOD COVERED

3531. Basic Rule as to Month of Service

Whenever the term "month" is used in respect to payments of medical assistance, it shall mean the calendar month within which a health service was received.

3532. Hospitalization

Payments of medical assistance for hospitalization may be made for such services received subsequent to the date of application for MAA, and for such services received within 30 days prior to the date of application.

3533. Other Medical Services

Payments of medical assistance for medical services other than hospitalization may be made for such services received subsequent to the date of application for MAA.

3540. TIME OF PAYMENT

3541. Initial Payments

Payments of medical assistance for medical services received prior to the date of execution of a certification of eligibility may be made at any time following such certification.

3542. Subsequent Payments

.1 Hospitalization

Payments of medical assistance for hospitalization will be made by the appropriate fiscal intermediary, Hospital Service Plan of New Jersey (Blue Cross) or the Prudential Insurance Company according to their customary time schedules for processing such hospital claims.

.2 Nursing Home Care

Subject to the timely submittal of bills for services provided, the Division of Medical Assistance and Health Services will make payments of medical assistance for nursing home care on the first day of the month following the month in which the bill is submitted.

.3 Other Medical Services

Subject to the timely submittal of bills, payments of medical assistance for medical services other than hospitalization or nursing home care will be made in accordance with the provisions of the appropriate Provider Manual of the Division of Medical Assistance and Health Services.

3550. RESPONSIBILITY FOR PAYMENT

The Division of Medical Assistance and Health Services shall be responsible for making payments of medical assistance for all medical services provided.

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CHAPTER 3600

DETERMINATION OF CONTINUING MEDICAL ELIGIBILITY

3600. DETERMINATION OF CONTINUING MEDICAL ELIGIBILITY

The periodic determination of continuing medical need and medical eligibility is essential for the maintenance of high standards of service at a reasonable cost compatible with quality.

3610. BASIC REQUIREMENTS

The county welfare board shall redetermine the client's need for primary medical service in accordance with the time periods specified in section 3620.

3620. PROCESS OF REDETERMINATION

When otherwise eligible for MAA, continuing need for one of the classes of primary medical services requires a periodic medical recertification by a fully licensed physician, preferably the attending physician, as indicated below.

3621. Time Periods

A client's continuing need for a primary medical service shall be redetermined periodically at the same intervals of time as prescribed for redetermination of such client's income eligibility. (See 3321.1,3322.1).

3622. Method

Redetermination of need for a primary medical service requires that a fully licensed physician, preferably the attending physician, provide a written verification in the manner and form prescribed for initial determination of need for the appropriate primary medical service. (See 3252. b., 3253., 3254.).

3623. Change in Type of Primary Medical Service Required

When the medical status of an MAA recipient changes so that a different type of primary medical service may be required separately or concurrently, the need for such primary medical services shall be determined in accordance with subsections 3252., 3253., or 3254., as appropriate.

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CHAPTER 3700

LIENS AND RECOVERIES

3700. LIENS AND RECOVERIES

3701. State Law

The New Jersey statute establishing the program of MAA directs that there be issued rules and regulations necessary "... to accomplish the purposes of this act, including specifically the following ... to prescribe methods and procedures for repayment or recovery of medical assistance granted; provided, however, that no lien may be imposed against the property of any individual prior to his death on account of medical assistance granted or to be granted under this act (except pursuant to the judgement of a court on account of assistance incorrectly paid on behalf of such individual), and that there shall be no adjustment or recovery (except, after the death of such individual and his surviving spouse, if any, from such individual's estate) of any medical assistance correctly paid on behalf of such individual under this act."

3710. LIENS

3711. General Rule

No encumbrance of any kind shall be imposed against any property of an applicant or a recipient prior to his death because of assistance paid or to be paid on his behalf through the program of Medical Assistance for the Aged (except pursuant to the judgement of a court on account of assistance incorrectly paid on behalf of a recipient). [See section 3350. as to lien effective after death].

3712. Liens Resulting from Other Programs

Whenever an individual has been a recipient of any other assistance program, the validity and value of any lien established as a condition of receiving assistance under such other program will neither be depreciated nor enhanced by the granting of medical assistance. Consequently, such lien may be continued in effect as to assistance paid other than through MAA.

3720. RECOVERIES

3721. After Death

Recovery of medical assistance correctly paid may be effected from the estate of the recipient after his death and the death of his surviving spouse, if any. (See section 3350.)

3722. Medical Assistance Incorrectly Paid

Recovery of medical assistance incorrectly paid may be effected during the lifetime of the recipient pursuant to a judgement for the value of such payment entered by a court of competent jurisdiction.

3723. Voluntary Repayment

The limitation on effecting recoveries during the lifetime of a recipient does not apply to circumstances where the recipient voluntarily initiates and makes repayment of medical assistance received.

3730. THIRD PARTY RESPONSIBILITY

The staututory provisions barring recovery of medical assistance during the lifetime of the recipient apply only to recoveries from the recipient himself. Accordingly, consideration shall be given to instances where the need for medical services is attributable to circumstances under which a third party may be legally responsible for the costs of such services.

3731. Workmen's Compensation

The statute pertaining to workmen's compensation in R.S. 34:15-15.1 (Chapter 207, P.L. 1953) provides that "whenever the expenses of medical surgical or hospital services, to which the petitioner [employee] would be entitled to reimbursement if such petitioner had paid the same as provided in section 34:15-15 of the Revised Statutes, shall have been paid ... by any person, organization or corporation on behalf of such petitioner, the deputy directors or referees of the division of workmen's compensation are authorized to incorporate in any award, order or approval of settlement, an order requiring the employer or his insurance carrier to reimburse such ... corporation, person or organization in the amount of such medical, surgical or hospital services so paid on behalf of such petitioner."

Whenever the CWB authorizes payments of medical assistance for services attributed to an injury or disability which is compensable under the workmen's compensation law, such CWB shall give written notice thereof to the Division of Workmen's Compensation citing, R.S. 34:15-15.1. Such notice shall include, or be subsequently supplemented by, a verified statement of the amount of medical assistance for which recovery is sought.

3732. Negligence Cases

Whenever the need for medical assistance results from an injury or disability attributable to the negligence of another party, and the medical services provided are the basis for a lien which has been or may be filed pursuant to the N.J.S. 2A:44-35 through 2A:44-46, payment of medical assistance for such services shall be authorized only under a written agreement between the CWB and the hospital, physician or dentist with terms substantially as follows:

a. that any monies received from the CWB are not to be in anywise considered as full or partial satisfaction of the lien(s);

3732. Negligence Cases (Cont'd)

b. that all monies received from the CWB shall be refunded by the hospital, physician or dentist as a first charge against any recovery made on the lien(s);

c. that such refund shall be made regardless of whether the hospital, physician or dentist recover the full amount of their respective charges for service; and

d. that no lien is to be discharged or released without ten days notice in writing to the CWB unless the amount of medical assistance paid has been fully refunded.

3740. DISTRIBUTION OF FUNDS RECOVERED

Whenever any recovery is effected by the county welfare board of funds paid as medical assistance, complete details about such recovery shall be reported to the Division of Public Welfare by the county welfare board, in order that the Division may determine and direct appropriate distribution.

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CHAPTER 3800

SOCIAL SERVICES

3800. SOCIAL SERVICES

3810. EVALUATION OF NEED FOR SOCIAL SERVICES

Although the MAA program is intended to provide for medical needs rather than all of the elements of income maintenance, the effectiveness of the assistance granted will still be related to the provision of social services which may be required by the individual client. It follows, therefore, that during the process of eligibility determination and during the subsequent period of eligibility the caseworker should obtain medical and social information sufficient to indicate:

a. the attitude of the client and his family toward the illness or disability;

b. the relationship between the client and his family;

c. the limitations of the client in personally providing for his personal needs and the management of his affairs;

d. the potentials of the client who is in an institution for return to his own home or community; and

e. the need for special care at home which may avoid unnecessary institutional placement.

3820. SOCIAL SERVICES INCIDENT TO ASSISTANCE PAYMENT

Whenever the circumstances of a client indicate the need for social services supplementing and supporting the grant of medical assistance, the CWB, making full use of professional consultation, should provide such services in relation to the primary medical service for which eligibility has been determined.

3821. Relevant to all Primary Medical Services

For clients eligible for any one of the primary medical services relevant social services would include:

a. enabling the client and his family to understand and plan for the social implications of the particular illness or disability;

b. enlisting and maintaining interest of family members and friends;

c. assisting with personal or family problems; and

d. providing opportunities for using and developing special skills or special interests.

3822. Relevant to Hospitalization or Nursing Home Care

For clients eligible for hospitalization or nursing home care relevant social services would include:

a. planning for return to own home or community, or for placement in a more appropriate medical facility;

b. enabling the family to understand and accept the social implications of return to the home and community; and

c. encouraging communication and visiting.

3823. Relevant to Home Health Care

For clients eligible for home health care relevant social services would include:

a. enlisting participation of relatives, friends and other resources in needed planning and protection;

b. helping the client to secure and use needed medical services;

c. making needed adjustments in living arrangements and home management; and

d. meeting daily needs of personal care.

3830. COUNSELLING AND REFERRALS

It must be anticipated that persons eligible or ineligible for MAA will have medical or social needs for which help is not directly available through such program. Accordingly, as an element of social service the CWB should be prepared to recommend and assist in applications for other public assistance programs or referrals to other agencies and facilities. Such social services should be extended to recipients, applicants found ineligible for MAA, and persons whose eligibility for MAA is terminated.

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OTHER ADMINISTRATIVE RESPONSIBILITIES

3900. OTHER ADMINISTRATIVE RESPONSIBILITIES

3910. COMPLAINTS, APPEALS AND FAIR HEARINGS

The policies and procedures concerning complaints, appeals and fair hearings shall apply to the program of MAA in the same manner and extent as to the categorical assistance programs. (See Manual of Administration, section 2920.)

3920. SAFEGUARDING INFORMATION

Regulations relating to Confidential Nature of Records shall apply to the program of MAA in the same manner and extent as to the categorical assistance programs. (See Manual of Administration 2930.)

3930. NONDISCRIMINATION

The policies and procedures concerning nondiscrimination shall apply to the program of MAA in the same manner and extent as to the categorical assistance programs. (See Manual of Administration, Section 2990.)

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CHAPTER 4000

FINANCING ASSISTANCE PROGRAM

4000. FINANCING ASSISTANCE PROGRAM

4010. SOURCE OF FUNDS

The State MAA statute requires that:

> The State shall provide such funds as may be necessary to meet expenditures for medical assistance for the aged.
>
> The State shall also pay to each appropriate county welfare board the reasonable costs, if any, incurred by such county welfare board when acting at the direction and on behalf of the Department of Institutions and Agencies in investigating and determining whether applicants for medical assistance for the aged are eligible therefor under standards prescribed by the Department.

This means that the State will assume 100% of the administrative and assistance costs of the MAA program.

4020. EXPENDITURES FOR ASSISTANCE AND ADMINISTRATION

.1 Expenditures for assistance and administration will be made as follows:

a. Assistance

All assistance costs will be paid directly by the State through the Division of Medical Assistance and Health Services to the provider(s) of medical services.

b. Administration

The county welfare boards will be reimbursed by the State through the Division of Public Welfare for all administrative costs related to the determination of eligibility of applicants for MAA and for the provision of services to recipients of MAA. This will be accomplished by the Division's utilization of apportionment formulas for allocating to the MAA program, appropriate percentages of all authorized administrative and service costs related to the categorical assistance programs.

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FISCAL OPERATIONS

4100. FISCAL OPERATIONS

.1 Officials designated, and their authority, to receive, have custody of, and disburse Federal, State, and local funds for public assistance

State Plan, 1960 applies.

.2 System of depositing Federal, State, and local funds, alloting or otherwise making funds available for expenditure, and transferring funds between the State and its local subdivisions

State Plan, 1960 applies.

.3 Policies governing maintenance of fiscal and accounting controls, State and local

State Plan, 1960 applies.

.4 Types of Financial Reports required of local units and extent to which local expenditures are currently substantiated

State Plan, 1960 applies.

.5 Procedures used by the State agency in preparing the quarterly statements of expenditures for submittal to the Social Security Administration

State Plan, 1960 applies.

a. Procedures for obtaining accurate total of assistance payments

The Bureau requires that the assistance rolls for all county welfare boards be prepared in a uniform manner (Ruling No. 12). The Bureau reconciles the amount of assistance, as assembled by the accounting unit, to figures assembled by the statistical unit. These records are used in completing the quarterly statement and are used in verifications by State and Federal auditors.

.6 Audits of State and Local Expenditures for assistance and administration

State Plan, 1960 applies.

.7 Authority and practice of State fiscal officials for audit of expenditures

State Plan, 1960 applies.

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CHAPTER 4200

AUTHORIZATION AND DISBURSEMENT OF ASSISTANCE PAYMENTS

4200. AUTHORIZATION AND DISBURSEMENT OF ASSISTANCE PAYMENTS

State Plan, 1960 applies except that following is substituted for V.C.3.f., "Established schedule for releasing payments and deadline dates for authorizing awards".

Payments to vendors and recipients are accomplished by checks issued on the first day of the month. The deadline date for authorizing assistance in a calendar month is the last day of the month.

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COLLECTIONS AND RECOVERIES

4300. COLLECTIONS AND RECOVERIES

State Plan, 1960 applies.

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CHAPTER 4400

ADMINISTRATIVE COST

4400. ADMINISTRATIVE COST

State Plan, 1960 applies.

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CHAPTER 5000

MERIT SYSTEM

5000. MERIT SYSTEM

The provisions of Ruling 11 - Personnel Plan shall apply to the program of MAA in the same manner and extent as to the categorical assistance programs.

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CHAPTER 6000

FEDERAL REQUIREMENTS

CHAPTER 6100

MERIT SYSTEM

6000. FEDERAL REQUIREMENTS

The Federal Social Security Act in section 2 (a) of Title I requires that "a State plan for ... medical assistance for the aged must ... provide ... [for] establishment and maintenance of personnel standards on a merit basis, except that the Secretary shall exercise no authority with respect to the selection, tenure of office, and compensation of any individual employed in accordance with such methods ...".

6100. MERIT SYSTEM

The provisions of Ruling 11-Personnel Plan shall apply to the program of MAA in the same manner and extent as to other categorical assistance programs.