

2. Form WFNJ/GA-31, Repayment of Interim Assistance Authorization, delineates distribution of retroactive and initial SSI or initial SSI posteligibility payments and shall be completed and transmitted in accordance with the following provisions:

i. Within 10 working days of the Treasurer's receipt of the SSI award check from SSA, the agency shall deduct any and all Interim Assistance payments provided, in addition to Interim Assistance granted by any other agency which has remitted to the agency by certified mail, a copy of a signed WFNJ/GA-30 form for that client.

(1) Interim Assistance shall only be deducted in accordance with the calendar date on which the client became eligible for SSI, as indicated on Form SSA-(L)8125.

ii. Form WFNJ/GA-31 delineating the computation of the client's net benefit and a check equal to the net SSI benefit due the client, if any, shall be forwarded to the client pursuant to the time frame in (e)2i above.

iii. The client has a right to appeal the computation results in accordance with the provisions of N.J.A.C. 10:90-9.3.

3. A copy of the completed Form WFNJ/GA-31, together with a copy of the SSA-(L)8125, as received from SSA, shall be forwarded to the DFD immediately following the issuance of Form WFNJ/GA-31 and the net benefit check to the client.

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

5. The deposit of State share of Interim Assistance recovered shall be deposited into the PATF II Account.

(f) Provisions concerning the installment payments of large retroactive SSI benefits are as follow:

1. Payments will be made directly to the client from SSA in six month intervals, in those instances in which the retroactive SSI benefit exceeds 12 times the monthly SSI entitlement. Any remaining retroactive benefits will be paid in a second installment (not to exceed the first payment amount). All remaining benefits will be paid in a third installment.

i. The county/municipality will be provided with an automated billing form, SSA-L8125-F6 (9/96) "IAR Payment Pending Case-State Due Payment." This billing form will contain a monthly breakdown of the client's payments for the retroactive period and will identify the case as an IAR-Payment Pending Case. The county/municipality shall complete the section entitled, "Amount of reimbursement claimed by the State" using the information provided by SSA in the section entitled, "Retroactive Amount Due Summary." The

county/municipality shall be responsible for returning the completed billing form to the SSA field office (FO) servicing the SSI recipient within 10 working days from the date of receipt. The address of the servicing FO will be included on the cover page of the Form SSA-L8125-F6. After the SSA FO receives the completed billing form from the county/municipality, a check shall be issued to the county/municipality in the amount of the reimbursement claimed. The SSA will distribute the remaining SSI installment payments to the recipient.

(g) Rules concerning payment of fees to attorneys or legal entities for successful appeals of claims for SSI benefits are:

1. In order for an attorney or legal entity to be eligible for legal fee payments, the appeal must have been filed on or after September 10, 1996.

2. The funding for the payment of the legal fees will be disbursed from the State's share of the Interim Assistance Reimbursement (IAR) checks. Legal fees shall be paid by DFD and shall be 25 percent of the total retroactive SSI award, provided it does not exceed the amount of the State's share.

3. In order for an attorney/legal entity to receive payment for a successful appeal, the represented individual must have been an active GA recipient sometime during the period covered by the retroactive SSI benefit check.

4. In order for disbursement of fees to be made, legal services providers shall submit the following information to DFD:

i. A petition and copy of the favorable decision within 60 days of the date of receipt of the favorable appeal decision;

ii. An invoice specifying legal services provided;

iii. Proof of the initial and subsequent (if applicable) denial of SSI benefits;

iv. The date of the filing of the appeal;

v. Form WFNJ/GA-31, Repayment of IAR that is provided to the client by the county or municipal agency; and

vi. Form WFNJ/GA-25, Proof of Representation by the Attorney or Legal Entity.

5. If the legal services entity is not an established vendor with the State, then a New Jersey W-9 Form, Request for Taxpayer Identification Number and Certification, should be included with the legal entity's first submittal of an appeal.

6. DFD is required to disburse payment to the legal services provider within 30 days of the date of the submission of the required information.

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

1. The names, signatures and titles of the county/municipal agency director and his or her designee(s) (if appropriate) are to be identified on the Certificate;
2. Although the Certificate is to be addressed to the SSA, it is to be mailed to the DFD; and
3. Each new county/municipal director (temporary or full-time) shall complete and submit a Certificate of Authority.

Amended by R.1998 d.42, effective January 20, 1998.  
 Sec: 29 N.J.R. 3971(b), 30 N.J.R. 389(a).

Inserted a new (g); and recodified former (g) as (h).  
 Amended by R.2003 d.226, effective June 16, 2003.  
 Sec: 34 N.J.R. 2713(a), 35 N.J.R. 2670(a).

In (c), deleted "in triplicate" preceding "and forwarded to the SSA" in the introductory paragraph; in (e), deleted the second sentence in 2i(1) and deleted "/BBS" following "DFD" in liii(1) and 3; in (g), deleted "/BBS" following "DFD" in 2.

**10:90-14.6 Retention and destruction of case records**

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

1. The agency shall institute a system, compatible with its internal administrative procedures, which will assure the identification of closed applications and cases, date of closing and status of reimbursement, if applicable.
2. The file of closed cases shall be reviewed annually until the record retention period has expired.
  - i. Cases which have been closed for a period exceeding that indicated in (c) below shall be removed and destroyed after authorization has been received from the Division of Archives and Records Management (DARM) (see (b) below).

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

1. Requests for destruction of case records shall be submitted on Form CR-AA-0005, Request and Authorization for Records Disposal (formerly Form ED-6) to DARM.
  - i. Supplies of the Request and Authorization for Records Disposal form may be obtained from DARM. All copies of the completed form shall be forwarded to the DARM for approval;

ii. A follow-up copy will be returned to the county/municipal office by the DARM with recommendation for suitable action.

2. The agency shall not destroy any records until written approval has been received. After records are destroyed, the agency will maintain a listing of names, as well as case numbers destroyed. This list shall be made available for inspection by representatives of DARM upon request.

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

<u>Record</u>	<u>Retention period</u>
Inactive case records	6 years
Denied cases	10 years
Copies of relief orders or vouchers	6 years
Computer printout of WFNJ/GA medical service/product payments made by DMAHS fiscal agent	6 years
General correspondence not relating to policy or active cases	3 years
Form GA-6, Report of Assistance Commitments	6 years
Form WFNJ/GA-6 Report of Assistance Commitments	6 years
Form 100, Original Invoice for Expenses	6 years
Form GA-12, Statement of Refunds	6 years
Form WFNJ/GA-12, Statement of Refunds	6 years
Form GA-30, Authorization for Reimbursement of Initial Supplemental Security Income or Initial SSI Post Eligibility	6 years
Form WFNJ/GA-30, Authorization for Reimbursement of Initial Supplemental Security Income or Initial SSI Post Eligibility	6 years
Form GA-31, Repayment of Interim Assistance Authorization	6 years
Form WFNJ/GA-31, Repayment of Interim Assistance Authorization	6 years

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

Recodified from N.J.A.C. 10:90-14.7 and amended by R.2003 d.226, effective June 16, 2003.

Sec: 34 N.J.R. 2713(a), 35 N.J.R. 2670(a).

Deleted Form GA-48 and Form WFNJ/GA-48 from the record retention schedule. Former N.J.A.C. 10:90-14.6, Establishment of Petty Cash Fund Account for municipal agency, repealed.

**10:90-14.7 Computerized match reports**

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

1. WFNJ/GA-Wage Match Report: A match of the WFNJ/GA files with the Department of Labor's wage files. The WFNJ/GA-Wage Match Reports are sent to all municipalities or counties, as appropriate, on a quarterly basis;