



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

ADMINISTRATIVE OFFICES
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ADDRESS REPLY TO:
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TRENTON, NEW JERSEY 08625

MEDICAID COMMUNICATION NO. 89-25

DATE: December 20, 1989

TO: County Welfare Agency Directors

SUBJECT: January 1, 1990 Income Eligibility Levels for Medicaid Only

Attached, in Office of Administrative Law format, are revisions to the Medicaid Only Manual relating to the new eligibility standards and deeming computation amounts. These changes reflect the 4.7 percent Federal cost-of-living adjustment to the SSI eligibility standards. In anticipation of their adoption, we are sharing these new figures with you to be used in eligibility determinations effective January 1, 1990. You will be immediately advised should these new figures not be adopted. Upon adoption of these revisions, replacement pages to the Manual will be issued.

Unlike past years, there is no scheduled increase in the resource eligibility maximums. Therefore, the limits on countable resources for Medicaid Only remain at \$2,000 for an individual and \$3,000 for a couple.

Questions should be referred to field service staff assigned to your county.

Sincerely,

Saul M. Kilstein
Director

SMK:RHh
Attachment

cc: Marion E. Reitz, Director
Division of Economic Assistance

Nicholas Scalera, Acting Director
Division of Youth and Family Services

Attachment to Medicaid Communication No. 89-25

Full text of the emergency adoption and concurrent proposal follows (additions indicated in underline thus; deletions in brackets [thus]).

10:71-5.4 Includable income

- (a) Any income which is not specifically excluded under the provisions of N.J.A.C. 10:71-5.3 shall be includable in the determination of countable income. Such income shall include, but is not limited to the following:

1.-11. (No change.)

12. Support and maintenance furnished in-kind (community cases): Support and maintenance encompasses the provision to an individual of his or her needs for food, clothing, and shelter at no cost or reduced value. Persons determined to be "living in the household of another" in accordance with N.J.A.C. 10:71-5.6 shall not be considered to be receiving in-kind support and maintenance as the income eligibility levels have been reduced in recognition of such receipt. Persons not determined to be "living in the household of another" who receive in-kind support and maintenance shall be considered to have income in the amount of:

\$[142.67] 148.67 for an individual

\$[204.33] 213.00 for a couple

i. (No change.)

13. (No change.)

- (b) (No change.)

10:71-5.5 Deeming of income

- (a)-(f) (No change.)

(g) A table for deeming computation amounts follows:

TABLE A

Deeming Computation Amounts

1.	Living allowance for each ineligible child \$[185.00] <u>193.00</u>		
2.	Remaining income amount	Head of Household \$[184.00] <u>193.00</u>	Receiving Support and Maintenance \$[122.67] <u>128.67</u>
3.	Spouse to Spouse Deeming - Eligibility Levels		
a.	Residential Health Care Facility	\$[703.05] <u>729.05</u>	
b.	Eligible individual living alone with ineligible spouse	\$[763.36] <u>796.36</u>	
c.	Living alone or with others	\$[584.25] <u>610.25</u>	
d.	Living in the household of another	\$[412.98] <u>430.31</u>	
4.	Parental Allowance - Deeming to Children		
	Remaining income is:	1 Parent	Parent & Spouse of Parent
a.	Earned only	\$[736.00] <u>772.00</u>	\$[1,064.00] <u>1,158.00</u>
b.	Unearned only	\$[368.00] <u>386.00</u>	\$[553.00] <u>579.00</u>
c.	Both earned and unearned	\$[368.00] <u>386.00</u>	\$[553.00] <u>579.00</u>

10:71-5.6 Income eligibility standards

(a) and (b) (No change.)

(c) Non-institutional living arrangements

1.-4. (No change.)

5. Table B follows:

TABLE B

Variations in Living Arrangement

Medicaid Eligibility
Income Standards

	Individual	Couple
I. Residential Health Care Facility	\$[518.05] <u>536.05</u>	\$[1,017.36] <u>1,053.36</u>
II. Living Alone or with Others	\$[399.25] <u>417.25</u>	\$[578.36] <u>604.36</u>
III. Living alone with Ineligible Spouse	\$[578.36] <u>604.36</u>	
IV. Living in the Household of Another	\$[289.65] <u>301.65</u>	\$[461.76] <u>479.09</u>
V. Title XIX Approved Facility: \$[1,104.00] <u>1,158.00</u> *		
Includes persons in acute general hospitals, skilled nursing facilities, intermediate care facilities (level A,B, and ICFMR) and licensed special hospitals (Class A,B,C) and Title XIX psychiatric hospitals (for persons under age 21 and age 65 and over) or a combination of such facilities for a full calendar month.		

*Gross income (that is, income prior to any income exclusions) is applied to this Medicaid "Cap".

(d)-(g) (No change.)

10:71-5.7 Deeming from sponsor to alien

(a)-(d) (No change.)

(e) To determine the amount of income to be deemed to an alien, the CWA shall proceed as follows:

1. (No change.)
2. Subtract \$[368.00] 386.00 for the sponsor, \$[553.00] 579.00 for the sponsor if living with his or her spouse, \$[736.00] 772.00 for the sponsor if his or her spouse is a co-sponsor.
3. Subtract \$[184.00] 193.00 for any other dependent of the sponsor who is or could be claimed for Federal Income Tax purposes.
4. (No change.)

(f) (No change.)