

(g) Emergency clothing: When authorized under (a) above to the individual(s) to purchase minimum essential clothing for physical health and safety, payment may be granted not to exceed the amounts stated below:

Age	Amount
Adult	\$86.00
Child: 13 and over	86.00
Child: 5 through 12	48.00
Child: Birth through 4	29.00

1. Funds from the regular assistance grant or funds considered in developing the amount of that grant are not to be considered in computing the amount of payment for replacement of clothing lost or destroyed in the incident giving rise to the emergency.

(h) Emergency house furnishings: When authorized under (a) above, emergency assistance for house furnishings which the MWD deems urgent and essential to the physical health and safety of the eligible unit shall not exceed the maximum allowances in the following table.

Number of Persons in Eligible Unit:	Persons					6 or more
	1	2	3	4	5	
Kitchen Furnishings:						
Range	\$130	\$130	\$130	\$130	\$130	\$160
Refrigerator	200	200	220	220	220	260
Washing Machine			200	200	200	200
Dinette Set	45	45	65	65	85	85*
Kitchen Equipment	50	60	60	72	72	80
Living Room Furnishings:						
Couch and Chair(s)	125	175	175	225	225	225
Table	20	20	20	20	20	20
Lamp(s)	20	20	20	35	35	35
Floor Covering	25	25	25	25	25	25
* Over 6—\$12 each additional person						
Bedroom and Furnishings:						
Box Spring, Mattress, and Frame, per set		\$110 Twin			\$130 Double	
Bunk Beds, per set of 2 (complete)		\$135				
Crib with Mattress		\$ 50				
Chest(s) of Drawers		\$ 50 Per Person				
Bed and Bath Linens and Miscellaneous Furnishings		\$ 36 Per Person			(Not to exceed \$200 per family)	
Window Coverings		\$2.50 Per Window				

1. Funds from the regular assistance grant or funds considered in the development of that grant are not to be considered in computing the amount of payment for replacement of house furnishings lost or destroyed in the incident giving rise to the emergency.

(i) Persons who appear to be eligible for AFDC shall be referred immediately to the county welfare agency. However, emergency assistance may be provided under the conditions stated in N.J.A.C. 10:85-3.2(b)4ii and in accordance with this section.

(j) In an emergency situation such as sudden removal of the mother or responsible caretaker from the home, the MWD may be called upon to provide a temporary care arrangement for the child(ren) until it is possible to refer the situation to the county welfare agency or the appropriate office of the Division of Youth and Family Services (see N.J.A.C. 10:85-3.2(b)4).

1. Maximum rates: Unless care is available without charge, payment shall be authorized as follows:

i. When the child is placed in a temporary home or shelter, the rate shall not exceed \$5.50 per day per child.

ii. When arrangement is made for temporary care in the child's own home, payment to the individual providing such care shall be at the most reasonable rate available but shall in no event exceed the rate for homemaker service in that community, regardless of the number of children involved.

(k) Emergency assistance payments shall be made by order or check drawn to a vendor or as direct payment to the recipient, in accordance with N.J.A.C. 10:85-4.3.

(l) Services: The following services shall be performed by agency personnel and must, where appropriate, be provided to all cases granted emergency assistance benefits:

1. Information;
2. Referral;
3. Counseling;
4. Assistance in securing shelter, including transportation; and
5. Referral for legal services.

(m) Municipal welfare directors and case workers shall periodically receive training from the DEA targeted to the EA program.

Amended by R.1978 d.171, effective June 1, 1978.
 See: 10 N.J.R. 150(a), 10 N.J.R. 285(b).
 Amended by R.1979 d.323, effective August 16, 1979.
 See: 11 N.J.R. 73(a), 11 N.J.R. 448(c).
 Amended by R.1980 d.167, effective May 1, 1980.
 See: 12 N.J.R. 124(a), 12 N.J.R. 279(a).
 Added (b)iii.
 Amended by R.1980 d.538, effective January 1, 1981.
 See: 12 N.J.R. 585(a), 13 N.J.R. 18(d).
 (a) "circumstances set . . . procedures and standards" added.
 Amended by R.1982 d.135, effective May 3, 1982.
 See: 14 N.J.R. 124(a), 14 N.J.R. 428(b).
 (b)iii: Deleted "for victims of domestic violence"; deleted "arrangements in shelters" and added "shelter"; (b)3i added; (b)4i added.
 Amended by R.1983 d.58, effective March 7, 1983.
 See: 14 N.J.R. 1342(a), 15 N.J.R. 340(b).
 Reference to used items deleted.
 Amended by R.1983 d.328, effective July 25, 1983.
 See: 15 N.J.R. 938(a), 15 N.J.R. 1378(a).
 Originally adopted as an Emergency Readoption as R.1983 d.209, effective May 23, 1983, operative June 1, 1983.
 Internal cites to N.J.A.C., form corrected.
 Amended by R.1984 d.506, effective November 5, 1984 (operative December 1, 1984).
 See: 16 N.J.R. 2219(b), 16 N.J.R. 3031(c).
 Correction: N.J.A.C. 10:85-4.6(a)3 and 4.6(b)5 should have been deleted from code.
 See: 17 N.J.R. 1802(a).
 Emergency Amendment effective March 27, 1986 as R.1986 d.131 (expires May 28, 1986).
 See: 18 N.J.R. 850(a).

Amended by R.1986 d.389, effective September 22, 1986 (operative October 1, 1986).

See: 18 N.J.R. 1343(a), 18 N.J.R. 1962(a).

Deleted "90 days" and substituted "two calendar months".

Correction: (b)1 was adopted on an emergency basis to expire May 28, 1986. Because the rule expired, the text reverted back to original text.

See: 19 N.J.R. 663(a).

Amended by R.1988 d.26, effective January 4, 1988.

See: 19 N.J.R. 1715(a), 20 N.J.R. 96(a).

Substantially amended.

Emergency Adoption, R.1988 d.291, effective June 2, 1988 (expires June 30, 1988).

See: 20 N.J.R. 1484(a).

Added (b)vi and renumbered (b)vi to vii. The changes in this section for the emergency adoption are deleted upon expiration date of June 30, 1988.

Emergency Amendment, R.1988 d.359, effective July 7, 1988 (expires July 31, 1988).

See: 20 N.J.R. 1957(a).

Added new (b)vi and renumbered (b)vi to vii.

Emergency Amendment, R.1989 d.598, effective November 13, 1989 (expires January 12, 1990).

See: 21 N.J.R. 3790(a).

Exclusion for AIDS, HIV and terminally ill EA recipients added at N.J.A.C. 10:85-4.6(b)1i and ii.

Recodified i.-ix. as iii.-xi. with no change in text.

Amended by R.1990 d.33, effective January 16, 1990.

See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).

Stylistic changes.

Adopted concurrent proposal, R.1990 d.117, effective January 12, 1990.

See: 21 N.J.R. 3790(a), 22 N.J.R. 355(a)

Provisions of emergency amendment R.1989 d.598 readopted with changes, effective February 5, 1990. In (b)1ii: added sentence regarding presumptive entitlement.

Administrative Correction to (b)1: deleted iii and iv; recodified existing v through ix to iii through vii; deleted x and recodified xi to viii.

See: 22 N.J.R. 2171(a).

Amended by R.1991 d.174, effective April 15, 1991 (operative May 1, 1991).

See: 22 N.J.R. 2078(a), 23 N.J.R. 1177(a).

Section was "Emergency grants". Revised EA program to include entitlement to past five-month benefits for those eligible recipients whose initial five-month EA period has expired, and to establish shared MWD and client responsibility toward development of a non-EA shelter arrangement.

Law Review and Journal Commentaries

Welfare. Judith Nallin, 134 N.J.L.J. No. 4, 56 (1993); 135 N.J.L.J. No. 16, 52 (1993).

Case Notes

Termination of temporary rental assistance after one year violated purpose of the program. L.T. v. New Jersey Dept. of Human Services, Div. of Family Development, 134 N.J. 304, 633 A.2d 964 (1993).

Reasonable extensions of temporary rental assistance from available funds should not be denied. L.T. v. New Jersey Dept. of Human Services, Div. of Family Development, 134 N.J. 304, 633 A.2d 964 (1993).

Twelve-month limit on receipt of temporary rental assistance General Assistance law. L.T. v. New Jersey Dept. of Human Services, Div. of Family Development, 134 N.J. 304, 633 A.2d 964.

Department should not deny reasonable extensions of temporary rental assistance unless claimants have failed to cooperate in pursuit of effective plans. L.T. v. New Jersey Dept. of Human Services, Div. of Family Development, 134 N.J. 304, 633 A.2d 964.

Termination of emergency assistance shelter benefits upon expiration of five-month period is valid if new programs make reasonably certain that individuals would find shelter elsewhere when emergency assistance runs out. Williams v. Department of Human Services, 116 N.J. 102, 561 A.2d 244 (1989), case retained 121 N.J. 589, 583 A.2d 297, entered 121 N.J. 667, 583 A.2d 351.

New Jersey General Assistance Law exists so that persons may not suffer unnecessarily from cold, hunger, sickness, or be deprived of shelter. Williams v. Department of Human Services, 116 N.J. 102, 561 A.2d 244 (1989), case retained 121 N.J. 589, 583 A.2d 297, entered 121 N.J. 667, 583 A.2d 351.

No emergency security deposit for illegal housing arrangements. L.P. v. Jersey City Municipal Welfare Agency, 92 N.J.A.R.2d (DEA) 45.

Emergency rental assistance extended for lack of notice. J.C. v. New Brunswick City Welfare Department, 92 N.J.A.R.2d (DEA) 41.

10:85-4.7 Homemaker service

(a) When illness, death or some other disruption in the normal living pattern of an eligible individual makes the provision of homemaker service essential, the director shall authorize payment for such service, provided it is not otherwise available without cost.

1. Method of payment: Payment for such service shall be made by direct contractual agreement between the welfare department and the agency or individual furnishing the service.

2. Maximum rate: Payment shall not exceed the most reasonable rate for which such service can be obtained in the community.

Case Notes

See for historical purposes Schultz v. Kott, 131 N.J.Super. 216, 329 A.2d 340 (App. Div. 1974).

10:85-4.8 Funeral and burial expenses

(a) The municipal welfare department shall make payments from General Assistance funds for the expenses of the funeral and burial of the persons identified in (a)1 below in accordance with the limitations set forth in (a)2 below.

1. An eligible person is:

i. A person who was an active recipient of General Assistance at the time of death; or

ii. A person whose eligibility had been established within 15 days prior to death, but for whom no payment of General Assistance had been issued; or

iii. A person who died while a patient in a general hospital and who had been receiving General Assistance at the time of admission to the hospital; or

iv. A person who had received General Assistance at any time within six months prior death.

2. Authorization of payments:

i. Allowances: The allowance for funeral services, exclusive of cemetery costs, is the actual amount charged or \$1,970.00 whichever is less. When ground burial is made of uncremated remains, the cemetery allowance also applies. The cemetery allowance is the sum of all cemetery charges or \$460.00, whichever is less. The maximum total of allowances for a decedent is the sum of the funeral allowance and the cemetery allowance as applicable.

ii. Payment: The payment to be made is the maximum total of allowances as reduced by all of the assets of the decedent, including cash on hand, funds in the hands of others, the value of real and personal property, and public and private death benefits; and as further reduced by the sum of all contributions from next of kin and other interested parties.

(b) Cases ineligible for purposes of State aid: It is recognized that municipal directors, who are also exercising the functions previously charged to the overseer of the poor, encounter situations where burials must be provided at public expenses for persons who do not come within the classifications specified in (a)1 above. Such burials are governed by statutes unrelated to the General Assistance Program. Payments for them are not eligible for State aid. The statutes include:

1. N.J.S.A. 44:1-157, which states: "When a person shall die in a municipality without leaving money or other means sufficient to defray his funeral expenses, the overseer of the poor of the municipality . . . shall employ some person to provide for and superintend the burial of the deceased person, and the necessary and reasonable expenses as fixed by the governing body chargeable therewith shall be paid by it upon the order of the overseer . . ."

2. N.J.S.A. 40A:9-49.1, which states: "Notwithstanding any provision of law, rule or regulation to the contrary, when an indigent person dies without a surviving spouse, parent or emancipated child and in a municipality other than his resident municipality, the resident county of the indigent decedent is responsible for the necessary and reasonable expenses for the burial. For the purposes of this act, "indigent decedent" means a person who dies without leaving an ascertainable estate sufficient to pay part or all of the person's burial expenses and whose burial expenses are not payable by the State pursuant to P.L. 1959, c.86 (N.J.S.A. 44:10-1 et seq.), P.L. 1947, c.156 (N.J.S.A. 44:8-107 et seq.) or P.L. 1973, c.256 (N.J.S.A. 44:7-85 et seq.), or by the county pursuant to N.J.S.A. 40A:9-49."

As amended, R.1980 d.436, effective October 7, 1980.
See: 12 N.J.R. 191(b), 12 N.J.R. 663(c).

(a)1i was \$500 and (a)1iii was \$350.

As amended, R.1982 d.287, effective September 7, 1982.
See: 14 N.J.R. 463(a), 14 N.J.R. 980(c).

(a)1i Ceiling of total cost increased to \$900.00, \$800.00 deleted.

Amended by R.1986 d.427, effective October 20, 1986.

See: 18 N.J.R. 1170(a), 18 N.J.R. 2125(a).

Substantially amended.

Amended by R.1988 d.39, effective January 19, 1988.

See: 19 N.J.R. 1619(b), 20 N.J.R. 194(a).

(b)1 deleted and new (b)1-2 inserted.

Petition for Rulemaking.

See: 26 N.J.R. 4104(b).

10:85-4.9 (Reserved)

R.1987 d.132, effective March 16, 1987.

See: 18 N.J.R. 2301(a), 19 N.J.R. 451(b).

Repealed by R.1990 d.33, effective January 16, 1990.

See: 21 N.J.R. 3221(b), 22 N.J.R. 218(a).

SUBCHAPTER 5. MEDICAL SERVICES

Authority

N.J.S.A. 44:8-111(d).

Source and Effective Date

R.1997 d.105, effective March 3, 1997.

See: 28 N.J.R. 3862(a), 29 N.J.R. 767(a).

Subchapter Historical Note

Subchapter 5, Medical Care, was repealed, and a new Subchapter 5, Medical Services, was adopted, by R.1997 d.105, effective March 3, 1997. See: Source and Effective Date.

10:85-5.1 Payment of medical service claims

(a) Claims resulting from medical services provided to GA recipients, on or after February 1, 1997, shall be processed and paid by the New Jersey Division of Medical Assistance and Health Services (DMAHS) through its fiscal agent, in accordance with the rules appropriate for the services rendered (see N.J.A.C. 10:49). Payment of claims submitted to the fiscal agent for medical services covered under the GA program shall be based upon the Medicaid reimbursement methodology for the respective services. Those medical services identified at (a)2 below shall not be considered eligible for payment by the fiscal agent for GA program purposes.

1. Medical service claims with service dates on or after February 1, 1997 shall be submitted directly to the fiscal agent by the medical provider/vendor for payment processing. The original claim must be received by the fiscal agent within the time frame of one year from the date the service was rendered or the product was provided. If the original claim is not received by the fiscal agent within the one year time frame the claim will not be processed for payment.

i. Medical service claims, except for prescription claims, with service dates prior to February 1, 1997 shall continue to be processed by the MWD. Such claims, however, must be received by the MWD within a time frame of six months from the date the service was rendered in order for that claim to be considered eligible for payment processing.

ii. The provider/vendor shall direct all concerns relating to the payment or processing of GA medical service claims to the fiscal agent.

(1) A provider/vendor may, however, contact the MWD in which the GA recipient is receiving assistance to ascertain information concerning GA policies, coverage of services and/or eligibility.

2. The following services are not considered eligible medical services for General Assistance program purposes and shall not be processed for payment by the fiscal agent:

i. Inpatient or outpatient hospital services/care provided in a hospital either in-State or out-of-State, including, but not limited to, psychiatric hospitals, acute care hospitals, special hospitals, rehabilitation hospitals, Christian Science sanatoria and county or State hospitals;

ii. Professional services rendered to residents in public medical institutions;

iii. Mental health case management;

iv. Professional services to GA clients residing in residential treatment centers for drug or alcoholic abuse;

v. Nursing facility per diem payments for individuals residing in Medicaid approved nursing facilities;

(1) See N.J.A.C. 10:85-5.3 concerning per diem payments for GA clients residing in non-Medicaid nursing facilities on or prior to June 30, 1995;

vi. Early and periodic screening, diagnosis and treatment (EPSDT) services;

vii. Services provided under a home and community based services waiver, in accordance with Section 1915(c) of the Social Security Act, 42 U.S.C. § 1396n;

viii. Managed care services;

ix. Transportation for medical services provided under contract with a vendor or through a contract with the county welfare board;

x. Medical services payable through other health insurance coverage, no-fault insurance benefits, or any other type of insurance/benefit coverage;

(1) Medical service bills shall be submitted to the appropriate primary carrier prior to being submitted for payment consideration through the fiscal agent;

xi. Methadone maintenance services;

xii. Health Start maternity and pediatric care services including comprehensive medical and health support service packages;

xiii. Hospice services provided in a nursing facility;

xiv. Maternity services provided by any type of provider including, but not limited to physicians, certified nurse specialists/clinical nurse practitioners, certified nurse-midwives and clinics; and

xv. Medical day care services.

3. Prior authorizations required under the Medicaid program shall also be applicable for GA program purposes.

4. The MWD shall be billed for the administrative costs associated with the processing and payment of GA medical service claims by the fiscal agent in accordance with the procedures set forth at N.J.A.C. 10:85-6.8.

10:85-5.2 Obtaining medical services

(a) The MWD shall provide the GA recipient with a current validation card or letter which will be utilized to obtain treatment by a Medicaid participating provider/vendor. The MWD shall supply a validation card or letter to each GA recipient at time of opening or reopening of the case and monthly thereafter to ensure validity through all periods of assistance eligibility. The size and layout of the validation card or letter are optional. Each card or letter must contain at a minimum:

1. The name, address, phone number and four-digit municipality code of the agency;

2. The first and last name(s) of the client(s) for whom the card or letter applies;

3. The required six-digit case number and two-digit person number. If the case number does not contain six digits, zeros are to be placed in the front of the case number to accommodate the entry. A two-digit person number (that is, 01, 02, and so forth) must be used to identify the person in the eligible unit for whom the services are to be provided. The person number 01 shall be used to reflect the person whose name appears on the case name and person number 02 to reflect the person who resides with the case name person in a marital relationship or who represents themselves as husband and wife to the community;

4. The expiration date;

5. A notice to client as follows: This validation form indicates eligibility for General Assistance benefits and is to be presented to the Medicaid participating provider when you require medical services;

6. A notice to Medicaid participating provider/vendor as follows: Please complete the appropriate claim form according to Medicaid policies and procedures and forward the claim directly to the Medicaid fiscal agent for claim processing and payment.