



State of New Jersey

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

ADMINISTRATIVE OFFICES  
QUAKERBRIDGE PLAZA—BUILDING 5 & 7 & 12  
QUAKERBRIDGE ROAD  
TRENTON, NEW JERSEY 08619

ADDRESS REPLY TO:  
CN-712  
TRENTON, NEW JERSEY 08625

MEDICAID COMMUNICATION 88-33

TO: County Welfare Agency Directors

DATE: December 28, 1988

SUBJECT: January 1, 1989 Income Eligibility Levels  
for Medicaid Only

Attached, in Office of Administrative Law format, are revisions to the Medicaid Only Manual relevant to new eligibility standards and deeming computation amounts which reflect the four percent Federal cost-of-living adjustment in SSI amounts. In anticipation of their adoption, we are sharing these new figures with you to be used in eligibility determinations effective January 1, 1989. You will be advised should these new figures not be adopted. Upon final adoption of the new amounts, replacement pages to the Manual will be issued.

You are reminded that, in accordance with the Medicaid Only Manual (N.J.A.C. 10:71-4.5), the resource maximums will be increased effective January 1, 1989 to \$2,000 for an individual and \$3,000 for a couple.

Questions should be directed to the Field Service Supervisor II assigned to your county.

Sincerely yours,

Thomas M. Russo, Director  
Division of Medical Assistance  
and Health Services

TMR:Hh

Attachment

cc: Odella T. Welch  
Deputy Commissioner

Marion E. Reitz, Director  
Division of Public Welfare

William Waldman, Director  
Division of Youth and Family Services

Attachment to  
Medicaid Communication No. 88-33

Full text of the emergency adoption and concurrent proposal follows (additions indicated by underlining thus; deletions indicated 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 unearned income in the amount of:

\$[138.00] 142.67 for an individual

\$[197.33] 204.33 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	\$[178.00]	<u>185.00</u>	
2.	Remaining income amount	Head of Household	Receiving Support and Maintenance	
		\$[177.00]	<u>184.00</u>	\$[118.00] <u>122.67</u>
3.	Spouse to Spouse Deeming - Eligibility Levels			
a.	Residential Health Care Facility	\$[682.05]	<u>703.05</u>	
b.	Eligible individual living alone with ineligible spouse	\$[734.36]	<u>763.36</u>	
c.	Living alone or with others	\$[563.25]	<u>584.25</u>	
d.	Living in the household of another	\$[398.98]	<u>412.98</u>	
4.	Parental Allowance - Deeming to Child(ren)			
	Remaining income is:			
		1 Parent		Parent & Spouse of Parent
a.	Earned only	\$[708.00]	<u>736.00</u>	\$[1,064.00] <u>1,106.00</u>
b.	Unearned only	\$[354.00]	<u>368.00</u>	\$[532.00] <u>553.00</u>
c.	Both earned and unearned	\$[354.00]	<u>368.00</u>	\$[532.00] <u>553.00</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 Arrangements	Medicaid Eligibility Income Standards	
	Individual	Couple
I. Residential Health Care Facility	[\$504.05] <u>518.05</u>	[\$989.36] <u>1,017.36</u>
II. Living Alone or with Others	[\$385.25] <u>399.25</u>	[\$557.36] <u>578.36</u>
III. Living Alone with Ineligible Spouse	[\$557.36] <u>578.36</u>	
IV. Living in the House- hold of Another	[\$280.31] <u>289.65</u>	[\$447.76] <u>461.76</u>
V. Title XIX Approved Facility: 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.	[1,062.00]	<u>1,104.00*</u>

\*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 \$[354.00] 368.00 for the sponsor, \$[531.00] 553.00 for the sponsor if living with his or her spouse, \$[708.00] 736.00 for the sponsor if his or her spouse is a co-sponsor.

3. Subtract \$[177.00] 184.00 for any other dependent of the sponsor who is or could be claimed for Federal Income Tax purposes.

4. (No change.)

(f) (No change.)