



State of New Jersey  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

KRISTINE TODD WHITMAN  
Governor

MICHELE K. GUHL  
Commissioner

MARGARET A. MURRAY  
Director

**MEDICAID COMMUNICATION NO. 99-11**

**DATE: July 29, 1999**

**TO:** County Welfare Agency Directors

**SUBJECT:** New Jersey Supplementary Prenatal Care Program

Funds were appropriated to establish the New Jersey Supplementary Prenatal Care Program (NJSPCP) through the State Fiscal Year 2000 Appropriations Act. This program will provide limited state-funded prenatal care services to legally admitted immigrant women who entered the United States as permanent residents on or after August 22, 1996 and were rendered ineligible for Medicaid due to the 5-year restriction contained in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. This program is effective with the date of this communication. Eligibility for the program requires that these women must meet all requirements of the New Jersey Care...Special Medicaid programs except for their alien status. Visitors and undocumented alien pregnant women are not eligible for this program.

Services for this program are limited to outpatient hospital care, physician and certified nurse midwife services, and pharmaceutical, radiological and clinical laboratory services. The emergency rule was approved on July 12, 1999 and concurrent regulations have been submitted to the Office of Administrative Law. A draft of the regulations is attached.

Application for NJSPCP should be made through a presumptive eligibility (PE) provider. However, if a pregnant woman applies at the county board of social services (CBOSS) and appears to be eligible for this program, the county shall take an application for the program using application form FD-335 and, except as written below, would then refer the woman to a PE provider for a Presumptive Eligibility determination. This is necessary because eligibility will be entered into the Medicaid Eligibility System for this program only by the Division of Medical Assistance and Health Services' Presumptive Eligibility Unit. This also allows the woman to immediately begin receiving prenatal care. There will be no data entry for this program by the CBOSS. However, if a woman does not wish to go to a PE provider for a Presumptive Eligibility determination because her prenatal care provider is not a PE provider, special arrangements can be made by contacting Donna Torlini at the Presumptive Eligibility Unit at (609) 588-2911.

In most cases applicants will initially apply for the program through a PE provider. Immigrant pregnant women will be required to complete the application process through the county outstationed staff located at the same facility as the PE provider,

or in the absence of outstationed staff, at the CBOSS, before the end of the initial presumptive eligibility period. Application form FD-335 shall be used by the CBOSS to establish ongoing eligibility for NJSPCP.

Extensions of presumptive eligibility will be granted in those cases where the woman has complied with her responsibilities in the presumptive eligibility process, but is awaiting final determination of eligibility or ineligibility by the CBOSS.

**NOTE: For all beneficiaries of NJSPCP, disposition forms marked "NJSPCP" will be sent to the CBOSS with each monthly extension until the county makes a final determination of eligibility or ineligibility. The completion and return of these disposition forms must be given high priority as eligibility will cease without them.**

When the county makes a final disposition of eligibility for NJSPCP and sends this disposition to the PE Unit, the PE unit will automatically extend the period of eligibility through the end of the month that the pregnancy due date falls.

When looking at the Medicaid Eligibility File, an eligible women will have a program status code of 390 and an indicator of "2" in the "Alien Type" field.

This program provides no labor and delivery services or postpartum care. Therefore, eligibility for the Medical Emergency Payment Program for Aliens should be established by the CBOSS during the third trimester. At that time a **new Medicaid number** under the Emergency Medical Payment Program for Aliens must be established by the CBOSS pursuant to the instructions in **Medicaid Communication No. 98-20**.

Questions regarding this communication may be directed to the Medicaid District Offices' field service staff assigned to your county.

Sincerely,



Margaret A. Murray  
Director

MAM:G

c: Christine Grant, Commissioner  
Susan C. Reinhard, Ph.D., Deputy Commissioner,  
Department of Health and Senior Services

David C. Heins, Director  
Division of Family Development

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