



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

CHRISTINE TODD WHITMAN  
Governor

MICHELE K. GUHL  
Commissioner  
MARGARET A. MURRAY  
Director

**MEDICAID COMMUNICATION NO. 00-27**

December 29, 2000

**TO:** County Welfare Agency Directors

**SUBJECT:** Continued Medicaid Eligibility for Certain SSI Ineligibles

Continued Medicaid eligibility exists for those individuals who became ineligible for Supplemental Security Income (SSI) as the result of the January 1, 2001, 3.5% cost-of-living increase in Social Security benefits. To ensure continuity of Medicaid benefits, potentially eligible individuals will be issued cards in the December run that are valid through January 31, 2001. Effective February 1, 2001, CWA's will have ongoing responsibility for those individuals. The Division of Medical Assistance and Health Services (DMAHS) will send each individual a letter (sample copy attached) explaining this, on or about December 30, 2000.

A printout has been prepared from the Social Security Administration's (SSA) file which lists those individuals residing in your county. Attached is that portion of the printout pertaining to your county. Using the printout, the CWA shall prepare, by February 1, 2001, Form FD-346, **Certification In Lieu of Application for Medical Assistance Only** (copy attached for CWA reproduction) for appropriate cases.

Form FD-346 will provide authorization for "Medicaid Only" benefits until redetermination, at which time an application (Form PA-1G, Application and Affidavit for Medical Assistance Only and Emergency Assistance for SSI Recipients) must be completed. Since the SDX does not reflect a federal redetermination date, CWA's must schedule a redetermination of eligibility for "Medicaid Only" purposes within twelve months.

Continuing eligibility for Medicaid benefits must be redetermined in accordance with all existing program requirements. Individuals eligible under this special provision shall be afforded an additional disregard from income of the actual dollar amount of the 3.5% Social Security benefit cost-of-living increase January 1, 2001. Any subsequent Title II cost-of-living increase will also be disregarded for those individuals.

Additionally, this disregard shall be applied to income which is deemed from all financially responsible relatives (i.e., spouse and parents). This disregard applies only to that special class of individuals and shall not be applied to other Medicaid applicants/recipients.

For those individuals determined ineligible for Medicaid benefits for reasons other than the Title II cost-of-living increase, the CWA must act to evaluate eligibility for other programs, i.e., New Jersey Care ...Special Medicaid Programs, or terminate the case on the Medicaid Eligibility File. As in the past, "Medicaid Only" eligibility (nonpayment cases) terminated due to the Social Security increase is not affected by this provision. Note that the SSA file which was forwarded to the states this year contained only those individuals who were terminated from SSI eligibility due to an increase in Title II income payable in January of 2001. The Medicaid Eligibility File will automatically be updated to reflect non-money Program Status Codes (120, 220, 520) and to maintain eligibility for those individuals.

This information is to be brought to the attention of the appropriate staff. Questions may be directed to your Medicaid field staff or Douglas Eide, Office of Information Systems, at (609) 588-2897.

Sincerely,



Margaret A. Murray  
Director

MAM:E  
Attachments

c: Christine Grant, Commissioner  
William Conroy, Deputy Commissioner  
Department of Health and Senior Services

David Heins, Director  
Division of Family Development

Charles Venti, Director  
Division of Youth and Family Services



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\_\_\_\_\_ COUNTY WELFARE AGENCY/BOARD OF SOCIAL  
 SERVICES

MARGARET A. MURRAY  
*Director*

**CERTIFICATION IN LIEU OF APPLICATION FOR MEDICAL ASSISTANCE ONLY**

This certification form provides for administrative action in lieu of application for the Medicaid Only program. It shall be used only for persons who became ineligible for SSI as a result of the January 2001 3.5% cost-of-living increase in Social Security benefits.

Case Number \_\_\_\_\_ Name \_\_\_\_\_ (Last) (First) (Initial) Case

Mailing Address \_\_\_\_\_ Social Security No. \_\_\_\_\_

\_\_\_\_\_ Registration Date \_\_\_\_\_

Municipality of residence \_\_\_\_\_

**It is hereby certified that the above named individual has been evaluated as eligible for the Medicaid Only program, effective February 1, 2001.**

\_\_\_\_\_  
 Signature of Certifying Person

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title of Certifying Person



**STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
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**IMPORTANT MEDICAID NOTICE  
KEEP THIS IMPORTANT LETTER**

**January 2001**

**You may have recently received a letter from the Social Security Administration advising that you were no longer eligible to receive a Supplemental Security Income payment because your income exceeds the eligibility standard. This appears to have been caused by the 3.5 per cent increase in your Social Security check which became effective January 2001.**

**However, Public Law 96-566 provides that you must be permitted to retain your Medicaid eligibility if the Social Security cost-of-living increase is the only reason this supplemental payment was terminated.**

**You should have already received your Medicaid Eligibility Identification Card, which covers the period from January 1 to January 31, 2001. Beginning in February, you will be sent a monthly Medicaid Validation stub from your County Welfare Agency/Board of Social Services. If you do not receive your February Medicaid Validation stub by February 3, 2001, contact your County Welfare Agency/Board of Social Services, and bring this letter with you.**

**Any questions you may have about covered Medicaid services can be answered by the Medicaid District Office serving your county. For your convenience, a directory of the Medicaid District Offices is shown on the back of this letter.**

STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

MEDICAID DISTRICT OFFICE

COUNTY	ADDRESS	TELEPHONE NUMBER
Atlantic		(856) 690-5208
Cumberland, Cape May	Giles Bldg. 1676 East Landis Ave. Vineland NJ 08360	FAX (856) 690-5223
Burlington Mercer	50 Rancocas Road Mt. Holly, NJ 08060	(856) 787-3855
*Camden Gloucester, Salem	1 Port Center Suite 401 2 Riverside Drive Camden, NJ 08102	(856) 614-2870
Essex Newark	153 Halsey St., 4th Floor Newark, NJ 07102	(973) 648-2470 (973) 648-3700
Hudson	438 Summit Avenue, Sixth Floor Jersey City, NJ 07306-3186	(201) 217-7100
*Middlesex Hunterdon, Somerset, Union	25 South Main Street Bldg. B - Suite 5-6 Edison, NJ 08837	(732) 603-3151
Monmouth	1003 Route 9 North Suite 200 Howell, NJ 07731	(732) 761-3600
Morris Sussex & Warren	10 Park Place, 4th Floor Morristown, NJ 07960	(973) 631-6440
Ocean	1510 Hooper Avenue, Suite 130 Toms River, NJ 08753-2225	(732) 255-0731
*Bergen *Passaic	Law Building 66 Hamilton Street Paterson, NJ 07505	(973) 977-4077