

DIVISION OF MENTAL HEALTH AND HOSPITALS

ADMINISTRATIVE BULLETIN 7:01

DATE: September 20, 1982

SUBJECT: Interim Assistance - Medical Care Prior to  
Establishment of Medicaid Eligibility

Applicability - H, C, CO

- I. Purpose - To establish a procedure whereby an eligible Interim Assistance client, who has not been assigned an institutional Medicaid number, will be provided with medical care coverage.
- II. Authority - N.J.S.A. 4-107, Interim Assistance Agreement between State of New Jersey and Federal Department of Health and Human Services.
- III. Responsibilities - The Office of Fiscal and Management Operations shall be responsible for the effective implementation of this procedure.
- IV. Procedure:
  - A. The institutional Treatment Team shall determine the client's readiness for community living.
  - B. The institutional social service staff shall refer patients who have been determined ready for community living and who appear to meet Interim Assistance eligibility criteria, to the Bureau of Transitional Services for servicing, including those who have not been assigned an institutional Medicaid number.
  - C. The Bureau of Transitional Services shall, for a patient who has not been assigned an institutional Medicaid number:
    1. Notify the institutional Business Office liaison of the patient's eligibility for Interim Assistance.
    2. Advise the Business Office liaison of the patient's lack of Medicaid eligibility and the need for initiating the procedures contained herein.
    3. Advise the client of the procedures to be followed in obtaining medical care without the benefit of an institutional Medicaid number.
  - D. The institutional Business Office liaison shall, upon receipt of the above notification:
    1. Prepare a letter to accompany the client at time of placement into a community residence (see attachment), with copies to

the home provider and to the Bureau of Local Operations' area office, which the client can use for obtaining medical care while awaiting the assignment of an institutional Medicaid number.

2. Receive medical care bills and completed Medicaid claim forms, from providers of medical care, for Interim Assistance clients who have not been assigned an institutional Medicaid number.
3. Receive notification from the Bureau of Local Operations' area office when the client's Medicaid eligibility has been established.
4. Submit all outstanding medical care bills and Medicaid claim forms to Blue Cross/Prudential for payment upon receipt of such notification.

  
Richard H. Wilson, Director  
Division of Mental Health and Hospital

RW:PK:er  
Att.



State of New Jersey

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MENTAL HEALTH AND HOSPITALS  
CAPITAL PLACE ONE

222 SOUTH WARREN STREET, CN 700  
TRENTON, NEW JERSEY 08625

RICHARD H. WILSON  
Director

TO: Provider of Medical Services

(Client's Name) \_\_\_\_\_ who resides at  
(boarding home) \_\_\_\_\_ is a recipient  
of Interim Assistance from the Division of Mental Health and Hospitals  
and, as such, is entitled to medical care under his/her institutional  
Medicaid number.

The recipient's Medicaid number has not yet been received due to  
necessary processing time which exceeds the recipient's short stay  
at our hospital.

As a temporary measure, please direct your bills, together with a  
completed Medicaid claim form, to this office. We, in turn, will  
process your claim as soon as the recipient's institutional Medicaid  
number is assigned.

Thank you for your cooperation.

Sincerely yours,

\_\_\_\_\_  
Business Manager

PK:s1