State of New Jersey
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
CN 712
TRENTON, NEW JERSEY 08625
(609) 588-2600

ALAN J. GIBBS
Commissioner

SAUL M. KILSTEIN
Director

MEDICAID COMMUNICATION NO: 92-11 **DATE:** March 16, 1992

TO: County Welfare Agency Directors
New Jersey Care Supervisors

SUBJECT: Presumptive Eligibility Pre-Printed Disposition

Effective immediately, a pre-printed disposition document (see attached) will replace the confirmation letter which is sent to each county when a presumptive eligibility case is received from a provider. The providers in these cases will continue to receive their acknowledgments in letter form, but the CWAs will receive acknowledgments as a disposition form with the client information already included.

This document is designed as a turnaround document, requiring only the completion of the appropriate disposition section once the case disposition is finalized. The disposition document would then be sent by the CWA to the provider whose address is given at the upper left corner of the document, with a copy to the Division of Medical Assistance and Health Services, Presumptive Eligibility Records Unit. It is important that these dispositions be completed and submitted, with particular emphasis on requesting an extension of the presumptive eligibility period as soon as it is indicated.

When a disposition is submitted indicating the need to extend presumptive eligibility, that case will also require a final disposition. Therefore, for cases being extended, a second turnaround disposition will be generated, but the effective and termination dates will be highlighted in bold print to distinguish a pending case from a new case.

When a provider generates an extension of a case, an additional pre-printed disposition will also be generated. This could occur in cases where the CWA still has a disposition outstanding. In these cases the highlighted dates should alert CWA staff that the case in question is not a new one.

For those counties using forms which are multi-part or generated by a computer program, there is no need to discontinue their use if they are the preferred method of transmitting the necessary information. If an existing form will continue to be used, however, it should include the same information as the pre-printed document.

Questions concerning this form or its use may be directed to Nancy Scarlata, Office of Eligibility Policy and Operations at (609)588-2556.

Sincerely,

Saul M. Kilstein
Director

SMK:PSd
Attachment

c Marion E. Reitz, Director
Division of Economic Assistance

Nicholas Scalera, Director
Division of Youth and Family Services

DISPOSITION OF PRESUMPTIVE ELIGIBILITY

TO:

PRESUMPTIVELY ELIGIBLE WOMAN

FROM:

SSN:

DOB:

Presumptive Eligibility Number:
Effective Date: Termination Date:

FINAL DETERMINATION

ELIGIBLE: [ ]

Medicaid No. _____-_____ Program: _____
P.N. (AFDC, NJCare, Med. Needy, Med. Special)

INELIGIBLE: Income [ ] Failure to Cooperate [ ] Non-Resident [ ]

NO SHOW: FAILED TO MAKE/KEEP APPT. [ ] CANNOT LOCATE: [ ]

OTHER: MOVED: Other County [ ] MOVED: Out of State [ ] WITHDRAWN [ ]

PENDING: [ ] *(Requires Extended P.E. Period)
Estimated Date of Completion: ____/____/____

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* Any presumptively eligible pregnant woman who has applied for regular Medicaid but has not received a final determination, is entitled to a continuance of presumptive eligibility until such a determination is completed. Extensions of presumptive eligibility require that an additional disposition report be submitted at the end of any extension of the presumptive eligibility period.

_____ (_____)_____
Agency Representative Date Telephone

A copy of this disposition MUST be forwarded to: Attention: Presumptive Eligibility Records Unit, Division of Medical Assistance and Health Services, CN-712, Trenton, New Jersey 08625, no later than one week after the conclusion of the initial or extended resumptive eligibility period.

FD-373 (2/92)