



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

P.O. Box 712
Trenton, NJ 08625-0712

CHRIS CHRISTIE
Governor

JENNIFER VELEZ
Commissioner

KIM GUADAGNO
Lt. Governor

VALERIE HARR
Director

MEDICAID COMMUNICATION NO. 13-10

DATE: November 15, 2013

TO: County Welfare Agency Directors

SUBJECT: PR-1- Web Enabled Process

The PR-1 form outlines post-eligibility information and indicates if there is available income to offset the cost of long term care. With the input of County Welfare Agency (CWA) staff, the Division of Medical Assistance and Health Services (DMAHS) and the Division of Aging Services (DoAS) developed, along with Molina, a new PR-1 web enabled process. As of the date of this Medicaid Communication, the PR-1 paper form will be replaced by this web enabled PR-1 process. Attached is a screenshot of the new PR-1, which looks very similar to the existing form. The pilot counties currently using the electronic PR-1 have been very satisfied with the ease of this process.

This new process will cut the time of case processing through the use of "workbooks" within the application to calculate the post eligibility treatment of income, PEME, etc... Once the information is completed, it will go directly into the supervisor's "queue" to be approved, if there are any errors that are found, it will immediately be sent back to the worker for correction. After approval, the information will be immediately accessible to view and retrieve by any other agencies that may need it.

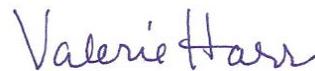
All staff will need to be approved annually for access to this system using an *Access Request Form* that is submitted by supervisors to the DMAHS Luczac Data Center. The workers will receive a unique username and a generic password from the Data Center. The first time someone uses this program, they will have to log-in at the NJMMIS.com website and change their generic password to a unique one. Once the password is changed, the worker will be able to access the PR-1 program on NJMMIS.com or <https://usttn-njadmweb.dhs.state.nj.us/>. According to our pilot county who has been using this program for several months, the Department of Human Services website moves much faster than the NJMMIS site. However, at this point in time, there is an issue with the security certificate on this site and there will be a message that says **"There is a problem with this website's security"**

certificate.” To get to the right page you must then click on the message that says **“Continue to this website, (not recommended),”** this will bring you right to the PR-1 log in screen.

To assist you in learning these new procedures, there is a PR-1 Guide available on the NJMMIS website. Attached is a screenshot of the NJMMIS web page that shows where to find this User’s Guide. Molina has also developed a training presentation on using this program. Additional copies of the training presentation can be requested by contacting Molina’s training department through the Help Desk at 1-866-339-8720.

If you have any other questions regarding this Medicaid Communication, please refer them to Joseph Gramlich, of the Office of Information Systems at 609-588-2791.

Sincerely,

A handwritten signature in blue ink that reads "Valerie Harr". The signature is written in a cursive style.

Valerie Harr
Director

VH:m

c: Jennifer Velez, Commissioner
Department of Human Services

Allison Blake, Commissioner
Department of Children and Families

Mary E. O'Dowd, Commissioner
Department of Health

Dawn Apgar, Deputy Commissioner
Department of Human Services

Lowell Arye, Deputy Commissioner
Department of Human Services

Lynn Kovich, Assistant Commissioner
Division of Mental Health and Addiction Services

Liz Shea, Assistant Commissioner
Department of Human Services

Joseph Amoroso, Director
Division of Disability Services

Jeanette Page-Hawkins, Director
Division of Family Development

Nancy Day, Deputy Director
Division of Aging Services



Statement of Available Income for Medicaid Payment (PR-1)

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 [In Progress Forms](#)
 [View Submitted Forms](#)
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 [View Approved Forms](#)
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Medicaid Number
 SSN
 Last Name
 First Name
 Elig Eff Date

LTC Facility
 LTCF Provider #

LTC Facility Address

Form Id 133041518484

Agency Code Atlantic
 Redetermination Date
 Reason
 Resources Available

Insurance Info/ Claim#/ HIC#

Spouse's SSN

Type
 M-Married Couple same LTCF
 N-Medically Needy
 F-Foreign Pension
 G-VA A+A
 P-VA Improved Pension

Remarks

	Worksheet 1	Worksheet 2	Worksheet 3
Effective Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
Net Social Security Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Buy-In Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gross Social Security Benefit	<input type="text"/>	<input type="text"/>	<input type="text"/>
Railroad Retirement Benefit	<input type="text"/>	<input type="text"/>	<input type="text"/>
Veteran's Benefit	<input type="text"/>	<input type="text"/>	<input type="text"/>
Veteran A&A	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sheltered Workshop	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pension	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pension 2	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pension 3	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Income (Please specify in Remarks)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Earned Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annuity Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Miscellaneous Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Gross Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
PNA	<input type="text"/>	<input type="text"/>	<input type="text"/>
Enhanced PNA	<input type="text"/>	<input type="text"/>	<input type="text"/>
Health Premium (Total \$)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Deductions (Please specify in Remarks)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Court Ordered Child Support	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maint./Home	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month of Admin. Exempt.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disch. Exempt	<input type="text"/>	<input type="text"/>	<input type="text"/>
Med. Needy Spend Down	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maint./Spouse Dependent	<input type="text"/>	<input type="text"/>	<input type="text"/>
Discretionary Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardian	<input type="text"/>	<input type="text"/>	<input type="text"/>
Guardianship Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>
Net Income before PEME	<input type="text"/>	<input type="text"/>	<input type="text"/>
PEME	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total PEME Deduction	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of Months PEME Allowed	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Exempt Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Available Income	<input type="text"/>	<input type="text"/>	<input type="text"/>

Responsible Party

First Name
 Last Name
 Address 1
 Address 2
 City
 State
 Zip

Worker

First Name
 Last Name
 Signature Date

Supervisor

First Name
 Last Name
 Signature Date

NJMIS

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 - Manage Sub Accounts
 - Log Off
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 - Contact Webmaster
 - Fed & State Stats & Regs
 - Forgot My Password
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 - Provider Enrollment Application
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 - Newsletters & Alerts
 - NJ State MAC
- Secured Options
 - Change Password
 - Change Email
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 - eMeds
 - LTC Census
 - Report Distribution
 - Request Judge Run
 - PR-1 [PR-1 Guide](#) New link
 - Extra Incentive Program
 - Non-Billing Provider Directory
- Claims Mgmt
 - CCF



Statement of Available Income for Medicaid Payment (PR-1)

[Home](#) [Complete a New Request](#) [In Progress Forms](#) [View Submitted Forms](#) [View Rejected Forms](#) [View Approved Forms](#) [Logout](#)

Welcome to the NJ PR-1 system. Please select from options in the navigation or enter a search below.

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Search for approved PR-1 forms by Case Number:

Search for approved PR-1 forms by Form Number: