



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

ADMINISTRATIVE OFFICES
QUAKERBRIDGE PLAZA—BUILDING 7 & 5
QUAKERBRIDGE ROAD
TRENTON, NEW JERSEY 08619

ADDRESS REPLY TO:
CN-712
TRENTON, NEW JERSEY 08625

April 22, 1985

Medicaid Communication 85- 4

To: County Welfare Directors

Subject: PA-3L Exempt Income Verification

On January 1, 1985, the PA-3L form, Statement of Income Available for Long-Term Care Facility Payment was revised and counties were instructed as to its proper completion via Program Instruction No. 84-12-1.

The Division of Medical Assistance and Health Services has issued a Long-Term Care Services Bulletin (85-2) informing all long-term care facilities of the implementation of new error codes which will appear on their Provider Transaction Listing should a difference be noted on the "exempt income" figure reported by the County Welfare Agency (CWA), Bureau of Local Operations (BLO) or the long-term care facility.

The long-term care facilities have been informed that they must notify the appropriate County Welfare Agency or Bureau of Local Operations of any discrepancy in an exempt income figure. The CWA or BLO, upon notification by the long-term care facility, must verify the information reported, make a determination and take appropriate action.

If the PA-3L is incorrect, a new PA-3L must be initiated. If the PA-3L is correct, the CWA or BLO must notify the long-term care facility. The reverse side of the PA-3L is designed to be used as a PA-3L Return-Report of Change Form. Part III is to be completed by the CWA/BLO and retained in the case record after the appropriate action has been taken. A photo-copy shall be returned to the long-term care facility. The long-term care facility will then follow established procedures for the submission of correct documentation to the Bureau of Claims and Accounts.

Any questions regarding this communication may be referred to Herbert Glover, Chief, Bureau of Claims and Accounts at (609) 292-7410.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Thomas M. Russo". The signature is fluid and cursive, with a prominent initial "T" and a long, sweeping underline.

Thomas M. Russo, Director
Division of Medical Assistance
and Health Services

TMR:K:c

cc: Larry J. Lockhart
Deputy Commissioner

Audrey Harris, Director
Division of Public Welfare

Thomas Blatner, Director
DYFS Management Team