



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. 92-17**

**DATE:** May 18, 1992

**TO:** County Welfare Agency Directors  
Institutional Services Section (ISS) Area Offices

**SUBJECT:** Modification to Instructions for Completion of the PA-3L for the  
Month of Admission Exemption

In response to a change in design of the long term care billing system at Unisys/Paramax, a modification to existing instructions for completion of the PA-3L is required for cases with living expense exemptions in the month of admission to a nursing facility.

Previously, if the only change between the month of admission and subsequent months was the living expense deduction, the County Welfare Agency (CWA) was only required to enter the exemptions and available income. The system would automatically calculate a one-time adjustment to the net available income for the month of admission and calculate the on-going prospective available income. Systemically, this no longer occurs.

When completing the PA-3L with exemptions for the month of admission, it will be necessary for the CWA to enter information concerning income for the following month. The PA-3L #1 column will reflect the available income with exemptions and the PA-3L #2 column will reflect the available income without exemptions. The PA-3L #2 column will be the prospective available income (see attached form). Failure to complete the subsequent entry will perpetuate the living expense deduction for future months, creating the potential for liability understated quality control errors.

The Bureau of Claims and Accounts will be monitoring incoming forms and will return those which require correction. Your indulgence in this difficult period of transition is greatly appreciated.

If you have any questions concerning this communication, please contact Ellen Keane, Bureau of Claims and Accounts at (609) 588-2860.

Sincerely

Saul M. Kilstein  
Director

SMK:Km  
Attachment



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

STATEMENT OF AVAILABLE INCOME FOR MEDICAID PAYMENT

Redetermination Date: \_\_\_\_\_ SSA No.: \_\_\_\_\_  
MM/YY ELIG. EFF. DATE PRINT DATE

HSP (Medicaid) CASE NUMBER

LAST

FIRST

COUNTY

Long-Term Care Facility: **S A M P L E**

Address: \_\_\_\_\_

SSI STATUS

LAC/PS

LTCF Provider No. \_\_\_\_\_ Previous Provider No.: \_\_\_\_\_

	LTCF Information	PA3L #1 Information	PA3L #2 Information	PA3L #3 Information	Remarks
Effective Date		2/92	3/92		Admit, Change, Redetermination
Social Security Income		639.00	639.00		Claim #
Buy-In Amount					HIC #
Gross Social Sec. Benefit		639.00	639.00		
Railroad/ Veteran					Claim #
Pension/ Other Benefit		221.31	221.31		Specify
Other Income					Specify
Total Other Income	\$	221.31	221.31		Spouse's S.S.A. #
Total Gross Income		\$860.31	\$ 860.31	\$	M=Married Couple same LTCF G=Foreign Pension/VA A & A C=Combined Situation
Workshop/ Other		390.00			
Maint./ Home					Specify
Maint./ Spouse Dependent					Specify
Health Premium	\$	0			Policy #
Total Exempt Income	\$	\$	\$	\$	
PNA	\$	35.00	35.00		
Available Income		\$ 435.31	\$ 825.31	\$	R=Representative Payee
Month of Adm./ Disch. Exempt		390.00			Specify Rent for Feb.
Resources	SPECIFY (i.e., address)				Circle One Yes <input checked="" type="radio"/> No

Name and Address of Representative Payee

Signature: \_\_\_\_\_ IM Worker: \_\_\_\_\_

Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_