



State of New Jersey
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES
P.O. Box 712
Trenton, NJ 08625-0712
Telephone 1-800-356-1561

JON S. CORZINE
Governor

JENNIFER VELEZ
Acting Commissioner

JOHN R. GUHL
Director

MEDICAID COMMUNICATION NO. 08-02

January 31, 2008

TO: County Welfare Agency Directors

SUBJECT: Continued Medicaid Eligibility for Certain SSI Ineligibles

Under federal law, any individual who became ineligible for Supplemental Security Income (SSI) as a result of the January 1, 2008, 2.3% cost-of-living increase in Social Security benefits is entitled to continue to receive Medicaid benefits. To ensure continuity of Medicaid benefits, potentially eligible individuals Health Benefits Identification Cards will continue to be valid through January 31, 2008. Effective February 1, 2008, CWAs will have ongoing responsibility for those individuals. The Division of Medical Assistance and Health Services (DMAHS) will send each individual a letter explaining this, on or about January 18, 2008.

A printout has been prepared from the Social Security Administration's (SSA) file which lists those individuals residing in your county. Using the printout, the CWA shall prepare, by February 15, 2008, Form FD-346, **Certification In Lieu of Application for Medical Assistance Only** (copy attached for CWA reproduction) for appropriate cases.

Form FD-346 will provide authorization for "Medicaid Only" benefits until redetermination, at which time an application (Form PA-1G, Application and Affidavit for Medical Assistance Only and Emergency Assistance for SSI Recipients) must be completed. Since the SDX does not reflect a federal redetermination date, CWA's must schedule a redetermination of eligibility for "Medicaid Only" purposes within twelve months.

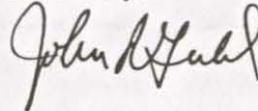
Continuing eligibility for Medicaid benefits must be redetermined in accordance with all existing program requirements. Individuals eligible under this special provision shall be afforded an additional disregard from income of the actual dollar amount of the 2.3% Social Security benefit cost-of-living increase January 1, 2008. Any subsequent Title II cost-of-living increase will also be disregarded for those individuals.

Additionally, this disregard shall be applied to income, attributable from all financially responsible relatives (i.e., spouse and parents). This disregard applies only to that special class of individuals and shall not be applied to other Medicaid applicants/recipients.

For those individuals determined ineligible for Medicaid benefits for reasons other than the Social Security cost-of-living increase, the CWA must determine whether those individuals are eligible for other programs, e.g., New Jersey Care ...Special Medicaid Programs, or terminate the case on the Medicaid Eligibility File. As in the past, "Medicaid Only" eligibility (nonpayment cases) terminated due to the Social Security increase is not affected by this provision.

Please bring this information to the attention of the appropriate staff. Questions may be directed to your Medicaid field staff or Douglas Eide, Beneficiary Systems, Office of Information Systems, at 609-588-2897.

Sincerely,



John R. Guhl
Director

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Attachments

c: Heather Howard, Commissioner
Kathleen M. Mason, Assistant Commissioner
Department of Health and Senior Services

Jeanette Page-Hawkins, Director
Division of Family Development

Eileen Crummy, Director
Division of Youth and Family Services
Department of Children and Families

Kenneth W. Ritchey, Assistant Commissioner
Division of Developmental Disabilities

Kevin Martone, Assistant Commissioner
Division of Mental Health Services



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_____ COUNTY WELFARE AGENCY/BOARD OF SOCIAL SERVICES

CERTIFICATION IN LIEU OF APPLICATION FOR MEDICAL ASSISTANCE ONLY

This certification form provides for administrative action in lieu of application for the Medicaid Only program. It shall be used only for persons who became ineligible for SSI as a result of the January 2008 2.3% cost-of-living increase in Social Security benefits.

Case Name _____ Case Number _____
(Last) (First) (Initial)

Mailing Address _____ Social Security No. _____

_____ Registration Date _____

_____ Municipality of residence _____

It is hereby certified that the above named individual has been evaluated as eligible for the Medicaid Only program, effective February 1, 2008.

Signature of Certifying Person

Date

Title of Certifying Person