

INTERIM ASSISTANCE REGS
EXP. 12-27-2013

CHAPTER AUTHORITY: *N.J.S.A. 30:4-27.19.*

CHAPTER SOURCE AND EFFECTIVE DATE:

R.2007 d.24, effective December 20, 2006.

See: *38 N.J.R. 2971(a)*, *39 N.J.R. 196(a)*.

CHAPTER EXPIRATION DATE:

Chapter 38, Interim Assistance Procedures Manual, expires on December 20, 2013.

SUBCHAPTER 1. GENERAL PROVISIONS

§ 10:38-1.1 Program description

(a) Interim Assistance (IA) is a payment procedure developed by the State of New Jersey and the Social Security Administration. It permits a client who has been released from a State psychiatric hospital and who has applied for Federal Supplemental Security Income (SSI) benefits to receive State funds and community Medicaid coverage while his or her SSI claim is being evaluated. Through this process, the client shall receive a Personal Needs Allowance and have his or her initial maintenance costs paid by the Division of Mental Health Services upon release from the hospital. The Division, in turn, may directly receive the client's retroactive SSI payment from the Social Security Administration, may recoup Interim Assistance expenditures made and shall deposit this reimbursement in the hospital Interim Assistance revenue account.

(b) The revolving hospital fund which is thereby created shall be used to ensure that:

1. A client shall return to the community at an appropriate point in his or her treatment;
and

2. A client's income, upon release, shall be adequate and at an established standard.

§ 10:38-1.2 Authority

Legal authority for this program may be found in *N.J.S.A. 30:4-27.19*. An agreement between the State of New Jersey and the Social Security Administration, dated October 31, 1974, forms the basis for the procedures described in this manual.

§ 10:38-1.3 Purpose

The purpose of these regulations is to set forth the eligibility standards, policies and procedures of the Interim Assistance program and to identify roles of participating agencies in implementing and sustaining the program.

§ 10:38-1.4 Definitions

The following words and terms when used in this chapter, have the following meanings unless the context clearly indicates otherwise.

"Boarding home" means a building containing two or more units of dwelling space arranged or intended for single room occupancy, exclusive of any such unit occupied by an owner or operator, offering no financial or personal services other than a room, food service, and laundry to two or more residents unrelated to the operator. Such facilities shall be licensed by the State Department of Community Affairs, pursuant to P.L. 1979, c.496 (Rooming House/Boarding House Act of 1979).

"Contract agency" means an agency contracted with the Division of Mental Health Services to receive State funds to provide various residential and/or treatment programs.

"Discharge" means legal discharge of a patient from the hospital to which he or she has been confined.

"Discharge Coordinator or equivalent" means the individual responsible for maintaining a housing resource file, providing technical assistance to placement social workers and monitoring the discharge process. This individual may also fulfill the role of Financial Coordinator.

"Discharge Oriented Service Plan" means a document used to coordinate and record all aspects of the discharge planning process.

"Discharge Unit or equivalent" means a discrete placement unit within the State psychiatric hospital responsible for locating housing, linking to aftercare services, and monitoring the adequacy of post-discharge housing and social services.

"DMHS" means the Division of Mental Health Services within the Department of Humans Services.

"Drug addiction or alcohol (D.A.A.) case" means a client is disabled because of drug addiction and/or alcoholism.

"Financial Coordinator or designee" means the individual responsible for overseeing the functions of the Financial Entitlement Unit, including the supervision of the Income Maintenance Technician (IMT). This Coordinator is also responsible for monitoring post-discharge financial services. This individual may also fulfill the role of Discharge Coordinator.

"Financial Entitlement Unit or its equivalent" means that institutional unit within the Division of Mental Health Services which processes Interim Assistance, SSI and General Assistance applications for State psychiatric hospital clients who are being prepared to release.

"General assistance" means assistance provided by a municipal welfare department to a financially needy person who is ineligible for other categoric assistance programs or who is awaiting an SSI eligibility evaluation.

"Income Maintenance Technician (IMT)" means the individual responsible for processing financial entitlement applications for clients referred for financial services.

"Interdisciplinary Treatment Team" means a group of persons who are responsible for evaluating a client's treatment and service needs, monitoring the client's progress and assessing his or her readiness for discharge. The team is composed of hospital staff and community service representatives.

"Interim Assistance Account" means an account established at a State psychiatric hospital which is used to pay for maintenance costs of a client who has been released to the community and who is awaiting an SSI eligibility evaluation.

"Interim Assistance Reimbursement Agreement" means a formal agreement between the State of New Jersey and the Social Security Administration which establishes procedures to reimburse the State for financial assistance provided to a client while his or her SSI application is being evaluated.

"Interim Assistant Statement" (Appendix A) means a client's formal statement of interest in applying for Interim Assistance benefits.

"Legal alien" means an immigrant who has attained U.S. citizenship through the naturalization process, making him or her eligible for SSI benefits.

"Maintenance payment" means the room and board payment to the housing provider.

"Office of Administrative Law" means the State agency, established pursuant to *N.J.S.A. 52:14B-1 et seq.*, which is responsible for conducting hearings of all contested matters.

"Patient account" means an individual account maintained by a State psychiatric hospital business office for a client.

"Personal Needs Allowance (PNA)" means that portion of the interim assistance payment that is provided to a client in the community to be used for his or her incidental personal expenses.

"Reconsideration" means a process whereby a Social Security staff person reviews a case in which an SSI application was denied. A person who did not take part in the first decision looks at the case to see if the denial is correct.

"Redetermination" means a process whereby the Social Security Administration annually reviews SSI recipients to evaluate continuing eligibility. The process may also involve recipients who are in an institution less than one year or who have been discharged from an institution in which they were hospitalized for less than one year.

"Release" means physically placing the client in a program or setting on a provisional basis outside the hospital without finally discharging him or her administratively from the hospital.

"Representative payee" means a person selected by the client and appointed by the Social Security Administration. The representative payee receives a client's Federal benefit, including SSI payments, and disburses them for the benefit of the client in accordance with Social Security Administration regulations.

"Residential drug or alcohol treatment program" means a program specifically for mentally ill chemical abusers operated by a community residential facility.

"Residential health care facility" means a facility which furnishes food and shelter to four or more persons 18 years of age and older who are unrelated to the owner and which provides dietary services, recreational activities, supervision of self-administration of medications, supervision of and assistance in activities of daily living and assistance in obtaining health services to any one or more of such persons. Such facilities are licensed by the New Jersey State Department of Health and Senior Services or the New Jersey Department of Community Affairs, in accordance with *N.J.A.C. 8:43, 8:42A and 8:42B*.

"Retroactive SSI payment" means the initial payment following a client's SSI benefit approval. It includes the amount due for the current month plus payments retroactive to the day of the client's eligibility for SSI.

"Rooming house" means a boarding house wherein no personal or financial services are provided to the residents.

"Supplemental Security Income (SSI)" means the Federal assistance program authorized under Title XVI of the Social Security Act.

"Transitional residence" means a facility providing a structured and supervised environment to aid in a client's adjustment to community living.

SUBCHAPTER 2. INTERIM ASSISTANCE ELIGIBILITY

§ 10:38-2.1 Clients eligible for Interim Assistance

(a) To be determined eligible for Interim Assistance (IA), a client shall:

1. Be an inpatient of a State psychiatric hospital, not judicially restrained from discharge;
2. Be 17 years of age or older and a U.S. citizen or legal alien;
3. Have been evaluated by the interdisciplinary Treatment Team as ready for release to one of the following:
 - i. Residential health care facility;
 - ii. Boarding home;
 - iii. Residential drug or alcohol rehabilitation program;
 - iv. His or her own home, family or Division of Mental Health Services contract agency;
 - v. Rooming house; or

- vi. Transitional residence;
- 4. Appear unable to support himself or herself through gainful employment; and
- 5. Meet the eligibility requirements and have applied for SSI benefits or be on the SSI suspense rolls.

§ 10:38-2.2 Clients ineligible for Interim Assistance

(a) A client in a State psychiatric hospital is not eligible for Interim Assistance when any of the following conditions exists:

1. The client's income and/or resources are in excess of SSI standards;
2. The client is judicially restrained from discharge;
3. The client is under 17 years of age;
4. The client refuses to sign form MH-30, "Authorization for Reimbursement of Initial Supplemental Security Income (SSI) Payment or Initial SSI Post-eligibility Payment (MH-30) Community Placements" (Appendix B); or
5. The client lacks documentation of immigration status or is not a U.S. citizen or legal alien.

§ 10:38-2.3 Selection criteria

(a) Interim Assistance is intended to meet the needs of the greatest number of clients possible. Funds expended through the program therefore, must be regularly recovered. To accomplish this, applicants for Interim Assistance must be carefully screened to determine which among them have the greatest need for the program and the clearest potential for SSI eligibility.

(b) When choices must be made among Interim Assistance applicants, the following selection criteria shall be used:

1. Urgency of placement, as determined by the Interdisciplinary Treatment Team, and a clearly established need for Interim Assistance in order to implement the Discharge Oriented Service Plan;
2. The potential eligibility of the client for SSI. There should be evidence that the client meets SSI income, resource, citizenship and disability criteria.

§ 10:38-2.4 Approval authority

Approval authority for the Interim Assistance Program shall rest jointly with the institution's Director of Social Services, the Business Manager, and the Financial Coordinator of the institution's Financial Entitlement Unit or equivalent.

§ 10:38-3.1 Purpose

The purpose of this section is to provide participants with an understanding of their roles in the Interim Assistance case processing system.

§ 10:38-3.2 The Interdisciplinary Treatment Team

(a) The role of the Interdisciplinary Treatment Team in the Interim Assistance case processing system shall be to:

1. Regularly evaluate the client's progress while in the hospital and his or her readiness for community living;
2. Determine the client's need for assistance in financial planning, including consultation to determine special needs and discharge needs; and
3. Complete the Discharge Oriented Service Plan, noting the person responsible for financial planning.

§ 10:38-3.3 The hospital social service staff or designee

(a) The Discharge Oriented Service Plan shall establish the client's need for assistance in financial planning and placement needs. If such a financial need is evident and the client appears to meet Interim Assistance eligibility criteria, the hospital social service staff or designee shall:

1. Whenever assigned client placement responsibility, provide the client or family with a description of the Interim Assistance Program, its requirements and the client's or family's rights and obligations under the program;
2. Whenever assigned client placement responsibility and the client expresses an interest in the program, obtain the client's signature on an Interim Assistance Statement (Appendix A) and form MH-30 (Appendix B);
3. Refer the client to the Discharge Unit for financial assistance and, if necessary, assist in locating approved residential setting;
4. Obtain and forward to the Discharge Unit a medical history, current staff notes and a social history, including social and financial information;
5. Ensure that a client placed on Interim Assistance is recorded as a "Release-Other" transaction on the hospital daily population movement report;
6. Once notified by the Discharge or Financial Unit or equivalent that the retroactive SSI check is received and Interim Assistance has been terminated, ensure that the client's discharge is recorded properly on the hospital's daily population movement report and that all appropriate hospital staff are notified of discharge; and

7. Assist the client in the utilization of funds preserved for discharge needs, as well as other remaining personal funds, ensuring that the client's wishes are the primary determinant of the use of these funds, but pointing out needs the client may not have anticipated.

§ 10:38-3.4 Responsibilities of the Discharge and/or Financial Unit

(a) The Discharge or Financial Unit or equivalent shall:

1. Receive and process referrals for community placement and financial assistance;
2. Render eligibility decisions for Interim Assistance based on information received from the Social Security Administration;
3. Assemble the necessary information and documents for SSI applications, forward this material to the Social Security Administration, and monitor the SSI application process, including follow-up with Social Security on any applications pending for more than six months;
4. Obtain placements in suitable and approved residential settings, including, but not limited to, out-of-State facilities licensed by other states if located in an area served by New Jersey Medicaid providers and obtain signed Contracts for Interim Assistance (Appendix C) from congregate care providers or from a responsible family member, as appropriate for placements in a family residence;
5. Assist clients in negotiating community financial systems;
6. Provide follow-up contacts to ensure that the Personal Needs Allowance and maintenance payments are being regularly received and properly utilized;
7. Assist clients interested in appealing their denial by referring them to an agency for legal representation;
8. Notify the business manager to terminate Interim Assistance payments when eligibility or ineligibility for SSI benefits is established.
9. Notify the Social Security Administration of any change in the client's living arrangement, such as a return to the hospital or an elopement from the home; and
10. Notify the social services staff that the retroactive check is received and Interim Assistance has been terminated.

(b) The Discharge or Financial Unit or equivalent shall maintain a record of each referral received and processed. This record shall contain the dates when:

1. A referral is received;
2. Interim Assistance is approved or denied;
3. Authorization for Reimbursement of Assistance from SSI Award, Community Placements, form MH-30, with appropriate hospital GR Code is forwarded to the Social Security Administration District Office. GR codes are as follows:

- i. Ancora--31910
- ii. Greystone Park--31920
- iii. Ann Klein Forensic Center--31980;
- iv. Trenton--31940
- v. Hagedorn--31950

4. A Contract for Interim Assistance is signed;

5. The hospital business manager is provided with written authorization to initiate Interim Assistance payments;

6. The housing provider is given 30 days notice of the State's intent to terminate the Contract for Interim Assistance. This requirement does not apply when the client is living with his or her family at home, when issues of life/safety or client welfare are involved, or when the resident leaves the home of his or her own accord;

7. An SSI application is forwarded to the Social Security Administration District Office;

8. An approval or denial of the SSI application is received; and

9. Interim Assistance is terminated.

(c) The Financial Entitlement Unit or equivalent shall, within five working days of receipt of a referral:

1. Submit an initial inquiry to the Social Security Administration to verify social security numbers and to determine if the client is already a recipient of SSI. (If clients are already on the active rolls of SSI and are not subject to the redetermination process they are generally not in need of the Interim Assistance Program);

2. Obtain from the treating psychiatrist or physician form SSA-787, Physician's/Medical Officer's Statement of Patient's Capability to Manage Funds (Appendix J);

3. Make an assessment of the client's potential SSI eligibility based on available documents and information. This evaluation shall result in one of the following decisions:

i. The client is eligible for Interim Assistance payments because he or she meets the eligibility criteria of the Interim Assistance Program and appears to be potentially eligible for SSI benefits; or

ii. The client is ineligible for Interim Assistance payments because he or she does not meet Interim Assistance eligibility criteria and/or does not appear to be potentially eligible for SSI benefits; and

4. Obtain from treating psychologist or psychiatrist a Social Security disability report form.

(d) The Financial Entitlement Unit or equivalent shall, for a client assessed as eligible for Interim Assistance:

1. Obtain from the client a signed SSI application (including an authorization to release medical records signed by the client) and a Payee Agreement (Appendix E);

2. Obtain the signature of the client's representative payee on the Representative Payee Agreement (Appendix E2);

3. As early as possible, notify the Medicaid Institutional Services Section about the client's impending placement date and location;

4. Forward, within two working days of the placement, the Payee Agreement and the signed form MH-30 to the hospital business manager;

5. Forward, within two working days of placement, one copy of the signed MH-30 to the Social Security Administration District Office, one copy to the client and retain one copy for the Financial Entitlement Unit's file;

6. For clients not on the active SSI rolls (within the past year), forward a completed SSI referral packet. This packet shall contain all required hospital forms and reports, necessary SSI application and supporting documents, and a copy of the court order of discharge, if applicable. The packet should be forwarded to the Social Security Administration District Office within 15 calendar days of submission of the signed form MH-30 to the Financial Entitlement Unit; and

7. Notify the client, the hospital business manager, the hospital social worker and the Office of Fiscal and Management Operations of the Division of Mental Health Services, in writing, of the client's eligibility for Interim Assistance.

(e) The Discharge Unit or equivalent shall:

1. If the client is not returning to his or her own home or family, locate an available, affordable and suitable approved residential facility or drug or alcohol treatment program for the client. Such facility shall be licensed and/or under contract to either the Division of Mental Health Services, the Division of Developmental Disabilities, the Department of Community Affairs, or the Department of Health, as appropriate;

2. If the client is not returning to his or her own home or family, the placement social worker shall visit the selected site with the client and, if the client finds it acceptable:

i. Review the Contract for Interim Assistance with the provider and assure that he or she understands the program procedures and payment system;

ii. Have the housing provider sign the Contract for Interim Assistance;

iii. Place the client in the selected facility; and

iv. Forward the signed Contract for Interim Assistance to the hospital business manager.

(f) The Financial Coordinator or equivalent shall:

1. Present to the hospital business manager, on the day of the client's placement, a written authorization for the client's initial Personal Needs Allowance payment;

2. Provide an authorization for PNA to the hospital business manager for each month that the client remains on Interim Assistance;

3. Keep the case active for as long as the client remains on Interim Assistance to ensure that Personal Needs Allowance and maintenance payments are being received and properly utilized.

4. Notify the hospital business manager of the client's SSI approval;

5. Notify the client and the hospital business manager in writing when Interim Assistance payments are being terminated as soon as possible but in no case later than the effective date of termination; and

6. Send the hospital business manager, if requested, an Interim Assistance maintenance report covering the client's final month on the program.

(g) For a client who has been found eligible for Interim Assistance and is subsequently denied SSI benefits, the Financial Entitlement Unit or equivalent shall:

1. Assist the client in filing an appeal to the Social Security Administration;

2. If the client files an appeal with the Social Security Administration, continue Interim Assistance payments upon authorization by the Financial Coordinator or equivalent during the period of the SSI reconsideration and the hearing at the Administrative Law level;

3. Assist the client in obtaining legal representation from the Community Health Law Project or local legal services corporation, as appropriate, for purposes of appealing an adverse SSI decision;

4. Notify Medicaid's Institutional Services Section of the SSI denial and the client's intent to appeal so that the Division of Medical Assistance and Health Services will be able to provide any assistance possible in the client's appeal and continue Medicaid coverage until the appeal is adjudicated;

5. Continue Interim Assistance until the SSI retroactive check is received in cases where the appeal to the Social Security Administration is successful;

6. Notify Medicaid's Institutional Services Section of the outcome of appeals to the Social Security Administration;

7. Immediately refer the client for General Assistance and continue Interim Assistance until a payment is received from the municipal welfare director, or up to 30 calendar days, whichever is less, in cases where the appeal to the Social Security Administration is unsuccessful;

8. Monitor the processing of the General Assistance application and notify the hospital business manager when the initial general assistance payment is received by the client; and

9. Immediately refer the client for General Assistance if the client fails or refuses to file an appeal to the Social Security Administration and continue Interim Assistance until a check is received from the municipal welfare director, or up to 30 calendar days, whichever is less.

(h) The Financial Entitlement Unit or equivalent shall, for a client assessed as ineligible for Interim Assistance:

1. Notify the client and the hospital social worker in writing of the client's ineligibility for Interim Assistance;
2. Advise the client of reason(s) for denial of Interim Assistance and of his/her right to appeal the decision, including procedures to be followed;
3. Assist the client in filing an appeal to the Financial Coordinator; and
4. Inform the client of the availability of General Assistance and of the procedures to be followed in applying for benefits, and assist the client in filing a General Assistance application.

§ 10:38-3.5 The Office of Fiscal and Management Operations of the Division of Mental Health Services

The role of the Office of Fiscal and Management Operations of the Division of Mental Health Services shall be to receive copies of form FS-9, Business Manager's Statement to Interim Assistance Recipient (Appendix H) or form FS-9A, Business Manager's Statement to SSI Applicant (Appendix M) and completed form SSA-L8125, State's Accountability Report, from the hospital business managers, assure that SSI benefits were disbursed in accordance with Social Security Administration regulations and add this information to the record.

§ 10:38-3.6 Responsibilities of the hospital business office

(a) The hospital business office shall be responsible for all fiscal matters relating to the Interim Assistance program other than those described in previous and succeeding sections. Business office staff's specific responsibilities shall be to:

1. Complete form FS-10, Statement of Business Manager (Appendix D);
2. Forward form FS-10 to the designated Social Security Administration District Office within one working day of receipt of notification from the Financial Coordinator regarding the client's placement, and provide the Financial Coordinator with one copy of the form;
3. Initiate Interim Assistance payments when authorized in writing by the Financial Entitlement Unit or equivalent;
4. Maintain a record of Interim Assistance payments made. This record shall contain, minimally:
 - i. Amounts and types of payments;
 - ii. Dates of payments;
 - iii. Payees; and
 - iv. Periods covered by checks.
5. Monitor client income sources other than Interim Assistance in accordance with procedures described in N.J.A.C. 10:38-7;

6. If the client is placed with a housing provider other than his or her own family or home, obtain a completed monthly Payment Voucher (Appendix F) from the housing provider for maintenance costs;

7. If the client is placed with a housing provider other than his or her own family or home, make monthly payments to the housing provider for validated billings in accordance with procedures described in *N.J.A.C. 10:38-4.3*;

8. Receive a client's initial retroactive SSI check, deposit it into the client's account, and notify the Financial Entitlement Unit or equivalent that the check has been received;

9. Compute the amount due from the client's initial retroactive SSI check as reimbursement for Interim Assistance expenditures using approved methodology as outlined in the Interim Assistance Reimbursement State Handbook, withdraw this sum from the client's account and deposit it into the Interim Assistance account;

10. If the client is a self payee, issue a completed form FS-9, "Business Manager's Statement to SSI Recipient," within five working days of receipt of the retroactive check, and include a refund check to the client if any balance is due him or her;

11. If the client has a representative payee, issue a completed form FS-9, "Business Manager's Statement to SSI Recipient," within five days of receipt of the retroactive check and send a copy to the payee along with a refund check if any balance is due the client.

12. If a patient was previously receiving SSI and an MH-30 is already on file from a prior application, the initial retroactive check may go directly to the payee and the business office shall utilize a mechanism to bill the client and recover Interim Assistance advanced whenever the initial retroactive check goes to the payee;

13. Forward copies of form FS-9 to the Financial Entitlement Unit and to the Office of Fiscal and Management Operations;

14. Conduct administrative review of the retroactive SSI check disbursement upon client's request;

15. File SSI Notice of Interim Assistance Reimbursement and Accountability Report, form SSA-L8125 (Appendix I). (This procedure requires, within 30 days of receipt, an individual accounting for each retroactive SSI check received from the Social Security Administration. Completed form SSA-L8125 must be forwarded directly to the Social Security Administration Regional Office, to the attention of State Relations Staff with a copy to the Division's Office of Fiscal and Management Operations. If identified as a D.A.A. case, this form must be completed and filed before Social Security will issue the retroactive SSI check);

16. Terminate Interim Assistance as of the day following the last day of the period covered by the client's retroactive SSI check; and

17. Record on the client's bill the amount of any shortage.

§ 10:38-3.7 Action by the Social Security Administration

(a) The Social Security Administration should:

1. Receive signed form MH-30's;
2. Evaluate SSI applications;
3. Direct retroactive SSI checks to the appropriate hospital in accordance with the Interim Assistance agreement;
4. Notify the Financial Entitlement Unit of approvals and denials of SSI applications;
5. Notify clients and/or representative payees of decisions reached;
6. Notify clients and/or representative payees that initial SSI retroactive checks shall be forwarded to the hospital; and
7. Hear client appeals regarding the amount of SSI payments and other adverse (financial and medical) actions.

§ 10:38-3.8 Responsibilities of the congregate housing provider

(a) When a client is placed in a congregate living residence, the congregate housing provider shall sign a contract for Interim Assistance agreeing to:

1. Accept the client for placement;
2. Furnish the client with food, if normally available at the facility, lodging, and necessary incidentals;
3. Accept an agreed-upon per diem as compensation by the seventh day of the month in which services are rendered;
4. Contact the hospital and designated emergency screening service in the event the client needs emergency medical or psychiatric care. The provider shall furnish details as to the patient's condition and shall abide by such directions as are given. In the event of a serious medical or psychiatric emergency, the provider shall arrange for immediate care and then notify the hospital and emergency screening service;
5. Provide the placing hospital with 30 calendar days' written notice of his or her intent to terminate the contract agreement;
6. Notify the hospital should the provider become aware that the client directly received the initial retroactive SSI check;
7. Refund to the hospital any Interim Assistance or other payments received which represent duplicate compensation to the provider for the time period beginning with the placement and ending with receipt of the initial SSI check; and
8. Notify the hospital immediately in the event the client terminates residence at the home.

SUBCHAPTER 4. INTERIM ASSISTANCE PAYMENT PROCEDURES

§ 10:38-4.1 Authorization of payments

Interim Assistance payments require the authorization of the Financial Coordinator or his or her designee.

§ 10:38-4.2 Exempt resources

(a) Client cash resources, including Federal annuity awards, funds set aside for funeral and burial expense or identified special needs, and liened resources up to the amount due for care and maintenance shall be considered exempt (up to the SSI resource cap) in Interim Assistance eligibility determination.

(b) Rental assistance either from a Federal or State-funded program (including DMHS) is excluded as available income prompting a reduction in Interim Assistance payments where such resources do not deem a recipient ineligible for SSI. This exclusion applies only to clients in independent living situations (for example, client's own home or apartment where clients have a lease and are responsible for expenses such as the rent, utilities, food, furnishings, maintenance, etc.)

§ 10:38-4.3 Business office payment procedures

(a) The hospital business manager, or his or her designee, shall record the date of written notification from the Financial Entitlement Unit verifying a client's eligibility for Interim Assistance.

(b) The client's initial Personal Needs Allowance payment shall be issued in the following manner:

1. The client's Personal Needs Allowance shall be mailed directly to him or her by the business manager or his or her designee on the day of the client's placement;

2. Payment shall be made at the established per diem rate, and shall cover the remainder of the month of release;

3. If the client has other funds or income, such funds shall be utilized instead of Interim Assistance; and

4. If the client has no personal funds, State funds shall be advanced for a Personal Needs Allowance. Payment shall be made from the hospital petty cash fund or approved special fund.

(c) Each succeeding monthly Personal Needs Allowance payment shall be authorized, in writing, by the Financial Entitlement Unit.

(d) The business manager, or his or her designee, shall mail Personal Needs Allowance checks at the per diem rate for no more than a 30-day calendar month, to the

client at the community placement address no later than the first working day of each month.

(e) The client's Interim Assistance maintenance payment shall be calculated and disbursed as follows:

1. If the client is placed with a housing provider other than his or her own family or home, at the end of each month the business manager shall obtain a completed payment voucher and Business Manager's Financial Inquiry form (Appendix G) from the housing provider for the following month's advance;

2. The payment voucher shall be compared for accuracy with the signed Contract for Interim Assistance and the Financial Entitlement Unit's Interim Assistance maintenance report, if utilized;

3. Validated payments to the housing provider from the Interim Assistance account shall be processed by the seventh calendar day of the current service month, allowing time to verify SSI eligibility status for the current month. Payment will be made at the established monthly SSI rate for maintenance assuming receipt of a properly completed payment voucher and financial inquiry form. This SSI rate is a per diem rate based on the current SSI payment. However, if the rates for an approved residential drug or alcohol treatment program are higher than the SSI rates, the hospital may need to arrange for funds to supplement Interim Assistance, such as client's own money or Rental Assistance. Also, if a provider's customary rental charges are less than the established SSI rate, the difference shall be allocated to the client for additional living expenses or personal needs;

4. If the client is placed within his or her own family, apartment, or home, payment shall be made by the first of the month if necessary to make a rent or mortgage payment. In all other cases, payment shall be made by the seventh calendar day of the current service month at the established monthly SSI rate for maintenance for a 30-day month; and

5. If the client has other income, the housing provider shall collect payments directly from the client or payee. If so, this shall be noted on the payment voucher and financial inquiry form. The hospital shall reduce its payment to the provider accordingly.

(f) If the client leaves the residence prior to the first day of any month that the housing provider received a payment, the full amount is to be refunded to the hospital. If the client leaves the residence of a congregate housing provider anytime during the month, the hospital reserves the right to have the bed held for the remainder of the month or place another client. If neither is agreed upon by both parties, the hospital reserves the right to be refunded by the provider for any paid days that the client was not in the residence.

§ 10:38-4.4 Termination of payments

(a) Interim Assistance payments shall be terminated for an eligible client:

1. As of the first day of the first month of SSI eligibility;

2. When a client has been formally determined to be ineligible for SSI benefits by the Social Security Administration. This shall be interpreted to mean that Interim Assistance

payments may continue through the SSI reconsideration and the hearing at the Administrative Law level if approved by the Financial Coordinator;

3. As of the date that the hospital learns a client has voluntarily left his or her placement; or

4. As of the date that the client is admitted or readmitted to a State or county institution.

(b) The Financial Entitlement Unit or equivalent shall notify the client of Interim Assistance termination.

SUBCHAPTER 5. MEDICAID COVERAGE FOR INTERIM ASSISTANCE CLIENTS

§ 10:38-5.1 Medicaid coverage

An Interim Assistance client shall be eligible for Medicaid coverage until his or her SSI application is adjudicated or he or she is reinstitutionalized.

§ 10:38-5.2 Procedures

(a) To ensure Medicaid coverage for an Interim Assistance client, the following procedures shall be followed:

1. The individual completing the hospital daily population movement report shall list an Interim Assistance client as released to "Other".

2. The Financial Entitlement Unit or equivalent shall notify the Division of Medical Assistance and Health Services or designee of each impending client placement in the Interim Assistance Program. This notification shall precede the client's release to the greatest extent possible to provide for case processing by the Division of Medical Assistance and Health Services.

3. The Division of Medical Assistance and Health Services will establish community Medicaid coverage for the Interim Assistance client and promptly notify the hospital staff or designee of the appropriate Medicaid identification number for the client's use in obtaining covered medical services while receiving Interim Assistance benefits.

4. Form FD-412, Health Benefits Identification Card -- Emergency Services Letter, (Appendix K) shall be completed by the designated hospital representative on the date of placement, as needed. The permanent Health Benefits Identification Card will be received by the Interim Assistance recipient within approximately three to five business days of the establishment of community Medicaid; and

5. The client, family or housing provider may use the Form FD-412 Health Benefits Identification Card -- Emergency Services Letter, to obtain covered medical care, including pharmaceuticals, for the client until receipt of the permanent Health Benefits Identification Card.

§ 10:38-5.3 Termination of institutional Medicaid coverage

(a) The client's institutional Medicaid coverage will be terminated as of the last day of the calendar month in which he or she is placed in the Interim Assistance Program.

(b) Upon notification by the Financial Eligibility unit of the client's approval for SSI benefits, the hospital shall list the client as "Discharged" on the daily population movement report.

SUBCHAPTER 6. APPEAL PROCEDURES

§ 10:38-6.1 Right to appeal

(a) An Interim Assistance client shall have the right to appeal an adverse eligibility decision in the following situations:

1. The client has been denied Interim Assistance by the Financial Entitlement Unit and he or she has filed an application for SSI benefits; or

2. The client has been found eligible for Interim Assistance but has subsequently been terminated from the Interim Assistance program for reasons other than the receipt of SSI benefits.

§ 10:38-6.2 Notice of decision and right of appeal

(a) The Financial Entitlement Unit shall, within five working days of an adverse eligibility decision, notify the client in writing of such decision and shall furnish him or her with a summary statement giving the factual and/or legal basis upon which such decision was based.

(b) The client shall also, at the same time, be advised in writing of his or her right to appeal an adverse eligibility decision and of the procedure to be followed in filing an appeal.

(c) When a client has a legally appointed guardian, the written notification of adverse eligibility decision, the summary statement and the notice of right to appeal shall also be provided to the guardian.

§ 10:38-6.3 Procedure for filing appeal

(a) The client or his or her representative may provide either written or oral notice to the Financial Coordinator of the Discharge or Financial Entitlement Office, of his or her intention to appeal an adverse eligibility decision.

(b) Such notice must be provided to the Financial Coordinator within 20 calendar days of the date of mailing of the adverse eligibility decision and summary statement to the client.

(c) The Financial Coordinator shall, within three working days of receipt of the client's notice of intention to appeal, provide the client with written acknowledgement of such receipt.

(d) A request for appeal received after the time period specified shall be denied unless an unusual situation, such as client illness, exists. In such a case an additional 10 calendar days may be allowed by the Financial Coordinator for providing notice of intention to appeal.

(e) The placement worker, team social worker, and/or community caseworker shall assist the client in providing the Financial Coordinator with notice of his or her intention to appeal.

§ 10:38-6.4 Scheduling of Financial Entitlement Unit's review--rights of client

(a) A review shall be scheduled by the Financial Entitlement Unit within 10 calendar days of receipt of the client's notice of intention to appeal.

(b) The client shall have the right to be represented at the review by a person of his/her choice.

(c) The client and his or her representative shall have the right to inspect, prior to and at the review, all Financial Entitlement Unit generated documents. The client and his or her representative shall be made aware of other documents contained in the Financial Entitlement Unit's file. These shall be made available to the client and his or her representative upon the receipt by the Financial Entitlement Unit of proper authorization from the originating person or agency.

(d) The client shall have the right to present any and all evidence which will support his or her claim and to question any evidence upon which the denial or termination of Interim Assistance was based.

§ 10:38-6.5 Financial Entitlement Unit's review

(a) The review shall be conducted by an employee at the supervisory level or above designated as a reviewing officer, other than the person who made the original eligibility determination. Such reviewing officer shall be thoroughly familiar with the requirements of the Interim Assistance program and relevant Social Security Administration regulations.

(b) The review shall be conducted in an informal manner and shall be limited to the development of facts relating to the appeal.

(c) Only those persons whose presence or testimony are essential, that is, persons presenting testimony and persons appearing under *N.J.A.C. 10:38-6.4(b)*, shall be permitted to attend the review.

(d) The reviewing officer shall determine eligibility for Interim Assistance solely upon the documents and testimony submitted to him or her at the time of the review.

(e) The reviewing officer may, during the review, grant a continuance to the client if it appears in good faith that pertinent additional evidence establishing eligibility cannot be provided at that time. In any case, no continuance shall exceed 10 calendar days.

(f) If neither the client nor his or her representative appears at the scheduled review, after having received proper notification of such review, the client's appeal shall be considered to have been abandoned and the appeal shall be denied, unless the reviewing officer is provided with prior notice by the client or his or her representative of his or her inability to attend due to unavoidable circumstances. Postponement may be granted by the reviewing officer for a period not to exceed 10 calendar days from the originally scheduled review date.

(g) If a mutually satisfactory agreement between the client and the Financial Entitlement Unit is reached prior to the time of the review, the review may be cancelled by the reviewing officer, or discontinued if begun, at the client's request in writing.

§ 10:38-6.6 Results of the Financial Entitlement Unit's review

(a) If the reviewing officer concludes after hearing all the evidence that the client is eligible for Interim Assistance, he or she shall within five calendar days of the review notify the client and his or her representative to that effect. The reviewing officer shall also advise the Financial Entitlement Unit's staff person who made the original eligibility determination that Interim Assistance must be provided to the client effective the date of his or her placement in a community setting.

(b) If the reviewing officer concludes after hearing all the evidence that the client is ineligible for Interim Assistance, he or she shall within five calendar days of the review notify the client, his or her representative and the Financial Entitlement Unit of the decision. The reviewing officer shall advise the client and his or her representative of the client's right to have the decision reviewed at the Division level.

(c) Based on the evidence presented the reviewing officer shall prepare a written report of his or her findings summarizing what transpired at the review. Copies of this report shall be provided to the client, his or her representative, the Financial Entitlement Unit, the Chief Executive Officer of the hospital, and to the Assistant Director, Office of Fiscal and Management Operations, within five calendar days of the review.

(d) The review and resulting decision by the reviewing officer shall be treated and recognized as the initial administrative decision of the client's claim for Interim Assistance.

§ 10:38-6.7 Effect of determination by the Social Security Administration

(a) If prior to the review date the Social Security Administration determines that the client is eligible for SSI benefits, then the client, if he or she meets all eligibility requirements, shall be eligible for Interim Assistance from the date of his or her placement in a community setting until he or she begins to receive SSI benefits.

(b) If, prior to the review date the Social Security Administration determines that the client is ineligible for SSI benefits, then the client's sole recourse shall be through the Social Security Administration and his or her Interim Assistance appeal shall be denied.

§ 10:38-6.8 Divisional review

(a) The client shall have the right to a divisional review of the Financial Entitlement Unit's reviewing officer's decision.

(b) A divisional review must be requested in writing within 10 calendar days of issuance of the Financial Entitlement Unit's reviewing officer's decision. It must be submitted to the Assistant Director, Office of Fiscal and Management Operations, Division of Mental Health Services.

(c) In an unusual situation, for example, client illness, the Assistant Director, Office of Fiscal and Management Operations, may grant an extension of time not to exceed 10 calendar days for submitting a request for divisional review.

(d) The Financial Entitlement Unit shall assist the client in requesting a divisional review.

(e) The Financial Entitlement Unit shall be responsible for advising the client regarding the availability of legal representation through the Community Health Law Project or local legal services corporation, as appropriate, and shall assist the client in communicating his or her desire for such representation.

(f) The client, and/or representative, shall be permitted to submit comments on the review, as well as additional evidence to substantiate his or her claim, to the Assistant Director, Office of Fiscal and Management Operations. Such comments and/or evidence must be submitted within 15 calendar days of the issuance of the Financial Entitlement Unit's reviewing officer's decision.

§ 10:38-6.9 Results of divisional review

(a) The Assistant Director, Office of Fiscal and Management Operations, or his or her designee, shall review the Financial Entitlement Unit's reviewing officer's decision and shall affirm or reject such decision.

(b) The Assistant Director, Office of Fiscal and Management Operations, shall within 10 calendar days of receipt of the client's request for review notify the client, his or her representative and the Financial Entitlement Unit of the results of the divisional review.

(c) If the Financial Entitlement Unit's reviewing officer's decision is affirmed, such decision shall be treated and recognized as the final divisional determination of the client's claim for Interim Assistance. The client, his or her representative and the Financial Entitlement Unit shall be so advised.

(d) The client shall have the right to request a hearing before an Administrative Law Judge if he/she is dissatisfied with the Assistant Director's decision. Such request must be submitted to the Assistant Director within 10 calendar days of issuance of the Assistant Director's decision. Upon receipt of such request, the Assistant Director shall immediately refer the matter to the Office of Administrative Law for a hearing before an Administrative Law Judge, in accordance with the Administrative Procedure Act at *N.J.S.A. 52:14B-1 et seq.* and the Uniform Administrative Procedure Rules at *N.J.A.C. 1:1*.

(e) If the Financial Entitlement Unit's reviewing officer's decision is rejected the client shall be declared eligible for Interim Assistance benefits from the date of his or her community placement. The client, his or her representative and the Financial Entitlement Unit shall be so advised.

§ 10:38-6.10 Appeal to the hospital manager of computation of net payment

(a) An Interim Assistance client shall have the right to appeal to the hospital business manager the amount of the net payment from his or her retroactive SSI check (after deduction of the total Interim Assistance paid out for the client's benefit) and the procedures used to compute that net payment.

(b) Within five working days of receipt of the retroactive SSI check by the hospital, the business manager or designee shall provide the client with a statement detailing the manner in which the net payment was computed. The client shall also be provided with a written statement regarding his or her right to appeal such computation.

(c) The client shall within 20 calendar days of mailing of the above statement be required to serve written or oral notice upon the hospital business manager of his or her dissatisfaction with the computation and of his or her intention to appeal.

(d) The Financial Entitlement Unit shall assist the client in communicating to the hospital business manager his or her intention to appeal.

§ 10:38-6.11 Business manager's review

(a) The hospital business manager shall schedule a conference with the client within 10 calendar days of receipt of the client's request for a review.

(b) The business manager, or his or her designee, shall meet with the client as scheduled and explain to him or her the procedures used to compute the net payment from the client's retroactive SSI check.

(c) The business manager, or his or her designee, shall recheck computation of the amount of the net payment.

(d) The review shall be conducted in an informal manner and shall be limited to the procedures described in (b) and (c) above.

(e) The client shall have the right to be represented at the review by a person of his or her choice.

(f) The client shall have the right to present any and all evidence that would support his or her claim for a larger net payment.

(g) The business manager, or his or her designee, may require the attendance of the Financial Coordinator and/or placement social worker at the review for the purpose of assisting the client and the business manager in the full development of facts.

§ 10:38-6.12 Results of business manager's review

(a) The business manager shall advise the client and the client's representative of his or her decision in writing within five calendar days of the review. Copies of this notice shall also be provided to the Discharge or Financial Entitlement Unit, the Chief Executive Officer of the hospital, and the Assistant Director, Office of Fiscal and Management Operations.

(b) The business manager, or his or her designee, shall advise the client of his or her right to a divisional review.

(c) The business manager shall forward to the Assistant Director, Office of Fiscal and Management Operations, within three working days of the issuance of the notice to the client, a written summary report of the business manager's conference with the client.

(d) The business manager's review and resulting decision shall be treated and recognized as the initial administrative decision of the client's claim for a larger net payment.

§ 10:38-6.13 Divisional review

(a) The client shall have the right to a divisional review of the procedure used by the business manager in computing the client's net payment from his or her retroactive SSI check.

(b) A divisional review must be requested in writing within 10 calendar days of issuance of the business manager's decision and must be submitted to the Assistant Director, Office of Fiscal and Management Operations.

(c) The Discharge or Financial Entitlement Unit shall assist the client in requesting a divisional review.

(d) The Discharge or Financial Entitlement Unit shall be responsible for advising the client regarding the availability of legal representation through the Community Mental Health Law Project or local legal services corporation, as appropriate, and shall assist the client in communicating his or her desire for such representation.

§ 10:38-6.14 Results of divisional review

(a) The Assistant Director, Office of Fiscal and Management Operations, or his or her designee, shall review the business manager's computation of the client's net payment and shall affirm or reject such computation.

(b) The Assistant Director, Office of Fiscal and Management Operations shall within 10 calendar days of receipt of the client's request for a review notify the client, his or her representative, the business manager and the Financial Entitlement Unit of the results of the divisional review.

(c) If the business manager's computation is affirmed, such decision shall be treated and recognized as the final administrative decision of the client's claim for a larger net payment. The client, his or her representative, the business manager and the Discharge or Financial Entitlement Unit shall be so advised.

(d) The client shall have the right to request a further hearing before an Administrative Law judge if he or she is dissatisfied with the Assistant Director's decision. Such request must be submitted to the Assistant Director within 10 calendar days of issuance of the Assistant Director's decision. Upon receipt of such request, the Assistant Director shall immediately refer the matter to the Office of Administrative Law for scheduling of a hearing before an Administrative Law judge, pursuant to the Administrative Procedures Act, *N.J.S.A. 52:14B-1 et seq.*

(e) If the business manager's computation is rejected the Assistant Director, Office of Fiscal and Management Operations, shall direct the business manager to issue a corrected payment to the client. Such payment shall be issued within five calendar days of issuance of the Assistant Director's decision.

SUBCHAPTER 7. CLIENT INCOME AND RESOURCE MONITORING

§ 10:38-7.1 Purpose

(a) The purpose of the income and resource monitoring system described in this section is to:

1. Preclude the duplication of Personal Needs Allowance and maintenance payments to Interim Assistance clients; and
2. Provide the hospital business manager with standard procedures for effecting recoveries of Interim Assistance granted.

§ 10:38-7.2 Responsibilities of the hospital business manager

(a) The hospital business manager shall be responsible for recouping Interim Assistance payments made, first from the client's retroactive SSI check, then from the client's personal funds, when accessible, and finally from the client's other resources.

(b) The net balance of the client's Federal annuity funds controlled by the hospital shall be directed with SSA approval to the client upon his or her discharge.

§ 10:38-7.3 Chief Executive Officer as representative payee for client income

(a) When the Chief Executive Officer of the hospital is payee for the client's available income other than Interim Assistance, the hospital business manager may recoup Interim Assistance expenditures as client income payments are received and shall deposit recoveries in the Interim Assistance account on a monthly basis.

(b) The business manager shall notify the client in writing that recoveries may be made in this manner.

§ 10:38-7.4 Client or non-institutional agent as payee for available client income

(a) The Business Manager's Financial Inquiry form (Appendix G) shall be mailed to the client, the housing provider or outside payee prior to the last week of each month that the client is eligible for and receives Interim Assistance payments. Unless the client is residing within his or her own family or home, a payment voucher for next month's payment shall be attached to the Financial Inquiry form sent to the housing provider.

(b) When the Financial Inquiry Form is returned to the hospital business manager showing additional available income, the business manager shall direct the client and/or payee in writing to make payments from the additional income directly to the housing provider in accordance with the Payee Agreement. Should the client or payee refuse to pay the provider directly, the business manager shall calculate and disburse the proper maintenance payment in accordance with *N.J.A.C. 10:38-4.3(e)*. The business manager shall further initiate the steps indicated in *N.J.A.C. 10:38-7.6* and *7.7*.

§ 10:38-7.5 Client or non-institutional agent as payee for anticipated income

(a) When an Interim Assistance client or representative payee has not begun to receive anticipated other income payments, the Business Manager's Financial Inquiry form shall be mailed to the client or to the housing provider payee prior to the last week of each month that the client is eligible for and receives Interim Assistance payments. Unless the client is residing within his or her own family or home, a payment voucher for next month's payment shall be attached to the inquiry form sent to the housing provider.

(b) When the Financial Inquiry form indicating available income is returned to the business manager, he or she shall direct the client to make payments directly to the housing provider in accordance with the Payee Agreement.

§ 10:38-7.6 Refusal to honor payee agreement--client

(a) When an Interim Assistance client refuses to honor the Payee Agreement, the following procedures shall be followed:

1. The business manager shall notify the Financial Entitlement Unit of this fact;
2. A representative of the Financial Entitlement Unit or equivalent shall within five working days contact the client and review the Payee Agreement with him or her;
3. The business manager shall continue to make full Interim Assistance payments until the client's discharge if the client makes full reimbursement to the hospital; and
4. Interim Assistance shall be terminated immediately if the client continues to refuse to make reimbursement.

§ 10:38-7.7 Refusal to honor payee agreement--representative payee

(a) When a representative payee refuses to honor the Payee Agreement or questions any of its stipulations, the following procedures shall be followed:

1. The hospital business manager shall notify the Financial Coordinator of this fact;
2. The Financial Entitlement Unit shall within five working days contact the representative payee, clarify the situation and encourage him or her to comply with the Payee Agreement;
3. The Financial Entitlement Unit shall have the client initiate necessary procedures to have a new representative payee appointed if compliance with the terms of the Payee Agreement is not forthcoming;
4. Interim Assistance payments shall continue while payee reassignment is being effected; and
5. Interim Assistance shall be terminated immediately if the client fails or refuses to have a new representative payee appointed.

§ 10:38-7.8. Termination of Interim Assistance

(a) When notified by the Financial Entitlement Unit or equivalent that the client's Interim Assistance has been terminated, the business manager shall:

1. If a client is his or her own payee, mail a form FS-9, Business Manager's Statement to Interim Assistance Recipient, or form FS-9A, Business Manager's Statement to SSI Applicant reflecting Interim Assistance payment made and recoveries effected, to the client within five working days of Interim Assistance termination together with a bill for any outstanding balance;

2. If the client has a representative payee, mail the form FS-9 or FS-9A to the client within five working days of Interim Assistance termination and send the payee a copy of the FS-9 or FS-9A along with a bill for any outstanding balance;

3. Refer to the Discharge or Financial Entitlement Unit, within 30 calendar days after mailing of the bill, instances of failure by the client and/or representative payee to make payment of any outstanding balance to the hospital;

4. The Discharge or Financial Entitlement Unit shall review the matter with the client and/or representative payee, as necessary, in an effort to effect reimbursement; and

5. If the client and/or representative payee continue to fail or refuse to make payment to the hospital of any outstanding balance, the Discharge or Financial Entitlement Unit or equivalent shall immediately refer the matter to the Division of Mental Health Services' attorney for possible legal action.

APPENDIX A

INTERIM ASSISTANCE STATEMENT

I have been made aware of the Interim Assistance Program and its requirements, and understand my rights and responsibilities as a recipient of Interim Assistance.

I am _____ am not _____ interested in applying for Interim Assistance.

Signature:

Witness:

Date:

Sample Form
Distribution:
Financial Coordinator (original)
Client
Hospital Social Worker

FORM MH-30
(Rev. 1/90)

APPENDIX B

APPENDIX B

NEW JERSEY DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH SERVICES

AUTHORIZATION FOR REIMBURSEMENT OF INITIAL SUPPLEMENTAL SECURITY
INCOME (SSI)
PAYMENT OR INITIAL SSI POSTELIGIBILITY PAYMENT (MH-30) COMMUNITY
PLACEMENTS

GR Code

_____	_____
_____	_____
(Applicant's Name)	(Social Security Number)
_____	_____
(Mailing Address)	(Hospital)

I understand and authorize that:

For Interim Assistance to be granted to me, and upon the approval for SSI Benefits, the Social Security Administration will forward to the above hospital my (check one):

- _____ Initial SSI payment
- _____ Initial SSI posteligibility payment

I further authorize said Business Manager to deduct from my (check one):

- _____ Initial SSI payment as reimbursement an amount equal to the total amount of Interim Assistance which I received from this hospital (not including assistance payments financed wholly or partially with Federal funds) from the date I became eligible for benefits through the month in which my SSI benefits begin.
- _____ Initial posteligibility payment as reimbursement an amount equal to the total amount of Interim Assistance I received from this hospital (not including assistance payments financed wholly or partially with Federal funds) from the date my SSI benefits are subsequently reinstated after a period of suspense or termination and ending with and including the month my SSI benefits resume.

However, if the hospital has prepared and cannot stop delivery of its last

APPENDIX B

NEW JERSEY DEPARTMENT OF HUMAN SERVICES DIVISION OF MENTAL HEALTH SERVICES

AUTHORIZATION FOR REIMBURSEMENT OF INITIAL SUPPLEMENTAL SECURITY INCOME (SSI) PAYMENT OR INITIAL SSI POSTELIGIBILITY PAYMENT (MH-30) COMMUNITY PLACEMENTS

assistance payment when it receives my retroactive SSI benefit payment from the Social Security Administration, that payment is included as Interim Assistance to be reimbursed.

I understand that the hospital will pay Interim Assistance funding for the entire month in the beginning of each month; if residency is terminated, I must notify the hospital of the plan to terminate as soon as possible, but no later than the day following termination; and I must notify the hospital of my new living arrangements in order for funds to be distributed to me or my representative payee from the SSI retroactive check received by the hospital after the hospital recovers Interim Assistance paid on my behalf.

I understand that the payment to me or my representative payee and a written explanation showing how the balance was calculated will be made within five working days after the Business Manager receives the SSI check.

I understand that an Interim Assistance Payee is not entitled to receive dual payments for care provided. I also understand that I, as the client, or another payee (as applicable) must therefore: (1) notify the hospital upon learning that a resident received his or her first SSI or other payment and also provide the effective date of such payment; (2) refund the hospital of Interim Assistance payments received after the first SSI or other payment is received if such payment represents duplicate compensation; and (3) refund the hospital the amount of Interim Assistance from the retroactive SSI payment, which represents a duplicate payment to me for the time period from SSI application to receipt of funds.

I further understand that if I disagree with the amount of the deduction made by the Business Manager, I have the right to an administrative review by the NJ Division of Mental Health Services. I must make the request for a review through the Department of Human Services, Division of Mental Health Services, PO Box 727, Trenton, NJ 08625.

I understand that this signed authorization is effective for (1) one year from the date it is received by the above Agency and it will cease to have effect at the end of one year unless:

APPENDIX B

NEW JERSEY DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH SERVICES

AUTHORIZATION FOR REIMBURSEMENT OF INITIAL SUPPLEMENTAL SECURITY
INCOME (SSI)
PAYMENT OR INITIAL SSI POSTELIGIBILITY PAYMENT (MH-30) COMMUNITY
PLACEMENTS

[#126] I file for SSI on or before that time, or my case is completely decided,
or the above Agency and I mutually agree to terminate this authorization,
or

[#126] I appeal my suspension or termination on or before that time, or my SSI
case is completely decided, or the above Agency and I mutually agree to
terminate this authorization.

In addition, I understand that signing this authorization form means I
want to file for SSI benefits. I also understand that I must file an SSI
application with a Social Security office for the Social Security
Administration to decide if I am eligible for SSI benefits. I understand
that if I am found eligible for SSI benefits that my eligibility for SSI can
begin as early as the date the Hospital receives this signed authorization,
but only if I file the SSI application within 60 days from the date the
above agency receives this signed authorization.

Date: _____

Signed: _____

Address: _____

Form MH-30 (Revised 11/05)

APPENDIX C

APPENDIX C

NEW JERSEY DEPARTMENT OF HUMAN SERVICES
Division of Mental Health Services
CONTRACT FOR INTERIM ASSISTANCE

APPENDIX C

NEW JERSEY DEPARTMENT OF HUMAN SERVICES

THIS AGREEMENT is made on this ____ day of _____ in the year _____.

WITNESSETH, that I, _____ the undersigned, for and in consideration of payments to be made to me as provided herein, do hereby covenant and agree as follows:

1. I AGREE to accept into my home _____ from the _____ and
(Hospital Name)
agree to furnish said individual with food, lodging, and other usual and necessary incidentals for the proper maintenance of the said individual and his or her well being.

2. I AGREE to accept the sum of \$ _____ per day (\$ _____ per month) from the _____ at _____ as
(Hospital) (Location)
compensation for maintenance that I shall furnish the said individual. I further understand that the above agreed upon daily compensation rate is established at rates determined by the Social Security Administration in conjunction with the Commissioner of the Department of Human Services and is payable the beginning of the month of services. Individuals with other income shall make payments directly to the housing provider. If advance payment is received and the individual has also paid or the individual leaves the facility prior to the first of the month for which payment was made, that IA payment must be returned to the hospital. If the individual leaves a congregate living situation any time during the month, the congregate home operator agrees, at the discretion of the hospital, to: (1) hold the bed open for the individual's return; (2) accept another individual referred from the hospital in their place; or, where one or two cannot be agreed upon, (3) refund hospital-advanced funds for the unoccupied days, if requested by the hospital.

3. I AGREE to immediately contact the _____
(Designated Emergency Screening Service)
by telephone in the event of need for emergency psychiatric care, and _____ by telephone in the event of need for emergency medical
Hospital
care, notifying them of the full details of the said individual's condition and to abide by such directions as shall be given. In the event of serious emergency psychiatric care, I will contact the _____ immediately by telephone after
(Designated Emergency Screening Service)
care has been given notifying them of the full details. In the event of

APPENDIX C

NEW JERSEY DEPARTMENT OF HUMAN SERVICES

serious emergency medical care, I will contact the _____

Hospital

immediately by telephone after care has been given notifying them of the full details.

4. I AGREE to give the _____ at _____
(Hospital) (Location)

thirty (30) calendar days notice in writing of my intention to terminate this contract; otherwise it shall continue in full force and effect as long as the said individual is under my care, or is subject to termination notice if standards are not maintained.

5. An Interim Assistance Payee is not entitled to receive dual payments for care provided. A home operator, family member, or other payee (as applicable) must therefore: (1) notify the hospital upon learning that a resident received his or her first SSI or other payment and also provide the effective date of such payment; (2) refund the hospital the amount of Interim Assistance payments received after the first SSI or other payment is received if such payment represents duplicate compensation; (3) refund the hospital the amount of Interim Assistance funds from the retroactive SSI payment, which represents a duplicate payment for the time period from SSI application to receipt of funds; and (4) notify the hospital immediately should the client terminate residency at the home.

IN WITNESS WHEREOF, I hereunto set my hand the year and day first written above.

(Signature of Home Operator and/or Responsible Family Member)

Signed and delivered in the presence of

Witness

APPENDIX D

STATEMENT OF BUSINESS MANAGER STATE PSYCHIATRIC HOSPITAL

.....
(Hospital)

.....
(Client Name)

.....
(Business Manager)

.....
(Client Social Security Number)

As Business Manager of the above-named State Psychiatric Hospital, I agree to authorize commitment of funds for Interim Assistance to, or on behalf of, the stated client. The client must be a bona fide SSI applicant for those goods and services required during the period while the application for SSI is being investigated.

The original copy of this completed form will be sent to the local Social Security Administration (SSA) District Office. One copy will go to the Discharge/Financial Coordinator or equivalent at the above noted hospital.

If an SSI check is received from the SSA on behalf of the applicant (client), I will arrange to deposit it into the client's patient trust account. I will arrange to pay to the hospital's Interim Assistance account an amount equal to the total recoverable assistance granted during this period. The hospital will pay to the applicant or representative payee the balance, if any, within five (5) business days from the date of receipt of the check by the above hospital. The payment will be accompanied by a completed copy of Form FS-9, explaining how the hospital computed the amount.

All accounts and records dealing with this activity shall be available for examination by duly authorized State and/or Federal representatives.

Under the Interim Assistance Placement procedure funded through the Division of Mental Health Services, recipients first check should go to the above hospital.

.....
(Date)

.....
(Signature of Business Manager)

Distribution:

SSA/DO--Original

Business Manager

Discharge/Financial Coordinator

Form FS-10 (Revised 7/95)

APPENDIX E

APPENDIX E

PAYEE AGREEMENT

As used in this agreement, the term "Housing Provider" shall mean a

APPENDIX E

congregate residence provider, a landlord, or a family member. In addition, this agreement shall apply to situations where the client lives independently.

I understand that I, as an Interim Assistance recipient, will have my community maintenance paid in full or in part by the Division of Mental Health Services until a determination of my SSI claim is made. The Division will also supplement my personal needs expenses, when necessary.

I also understand that income available to me or my representative payee while I am an Interim Assistance recipient, up to the normal monthly room and board rate, must be turned over to _____, toward
(Housing Provider)
payment of room and board expenditures.

I therefore agree:

1. To notify the Business Manager, _____ Psychiatric Hospital, when income or resources from any source becomes available to me or my representative payee; and based on the Business Manager's direction, I agree to turn over all income or resources received by me (but not exceeding my monthly room and board rates) to the _____, until recurring SSI is available.
(Housing Provider)
2. That, if there are insufficient recoverable funds available from the initial SSI retroactive check for full reimbursement of Interim Assistance funds granted, the balance owing may be recovered by the hospital business office from other sources of funds available to me.

In the event that a representative payee selected by me fails to abide by the terms of this agreement, I will take the necessary steps to have a new representative payee appointed.

Witness:

Signature:

Address:

Date: _____

Sample Form

Distribution:
Business Manager (original)

APPENDIX E

Client
Representative Payee
Financial Coordinator

(Rev. 11/05)

APPENDIX E1

APPENDIX E1

REPRESENTATIVE PAYEE AGREEMENT

As used in this agreement, the term "Housing Provider" shall mean a congregate residence provider, a landlord, or a family member. In addition, this agreement shall apply to situations where the client lives independently.

As payee or potential representative payee for an Interim Assistance recipient, I understand that the recipient will have his or her community maintenance paid in full or part by the Division of Mental Health Services until a determination of the SSI claim is made. The Division will also supplement the personal needs expenses, when necessary.

I understand that while the client is an Interim Assistance recipient, if I receive any client income up to the normal monthly room and board rate, I must forward it to _____.
(Housing Provider)

I therefore agree:

1. To notify the Business Manager, _____ Psychiatric Hospital, when income or resources from any source becomes available to me or my representative payee; and based on the Business Manager's direction, I agree; to turn over all income or resources received by me (but not exceeding my monthly room and board rates) to the _____ until recurring SSI is available.
(Housing Provider)
2. That if there are insufficient funds available from the initial SSI retroactive check for full reimbursement of Interim Assistance funds granted, the balance owing may be recovered by the hospital business office from other sources of funds available to the client.

APPENDIX E1

REPRESENTATIVE PAYEE AGREEMENT

In the event that a representative payee selected by the client fails to abide by the terms of this agreement, the client or Division will take the necessary steps to have a new representative payee appointed.

I, _____, agree to the terms stated above.

Witness:

Signature:

Address:

Date: _____

Sample Form

Distribution:

Business Manager (original)

Client

Representative Payee

Financial Coordinator

(Revised 11/05)

APPENDIX F



APPENDIX G

APPENDIX G

BUSINESS MANAGER'S FINANCIAL INQUIRY

Re:

(Client)

Dear

(Interim Assistance Payee)

Please respond to the following questions and return to me within 5 days of receipt. Payment of room and board may be contingent upon completion of this form.

To the best of your knowledge, has the above named client received:

YES **NO**

Supplemental Security Income Payment?

A Social Security benefit?

Any other type of benefit (specify)? _____

A Community Medicaid card?

Rental Assistance Program* (State or Federal)?

If your answer is "yes" to any of these questions, please provide the following information:

Date Payment/Medicaid card was received: _____

Type of Payment:

Amount of Check(s):

Check(s) Issued to (name): _____

* (Rental Assistance either from a Federal or State-funded program (including

APPENDIX G

BUSINESS MANAGER'S FINANCIAL INQUIRY

DMHS), is excluded as available income that would ordinarily replace IA funding. This exclusion is for clients in independent living situations (i.e. clients own home or apartment where clients have a lease and are responsible for expenses such as the rent, utilities, food, furnishings, maintenance, etc.) and where SSI eligibility would normally continue.)

(Business Manager)

(Interim Assistance Payee)

(Client)

Sample Form

Distribution:

Interim Assistance Payee--Original
Client
Business Manager
(Rev. 11/05)
(Forms--BMFI)

APPENDIX H

BUSINESS MANAGER'S STATEMENT TO INTERIM ASSISTANCE RECIPIENT

.....

(Client's Name)

.....

.....

(Date)

.....

(Hospital)

.....

.....

(Client's Address)

The Social Security Administration has sent us a check representing your retroactive and initial benefits from the SSI Program.

According to the authorization you gave us on form MH-30, we have applied to that check an amount equal to the amount of recoverable assistance we gave you while your application for SSI was being processed or your SSI payment was suspended or terminated, as follows:

- 1. Amount of Interim Assistance provided \$
- 2. Amount of SSI check \$
- 3. Patient Trust Fund balance \$
- 4. Total available resources (2 + 3) \$
- 5. Amount of assistance hospital can recover \$
- 6. Amount of assistance given to you by county/local welfare agencies \$
- 7. Amount of assistance recovered from PTF balance \$
- 8. Net amount due you (4-5-6-7) (check enclosed) \$
- 9. Net amount due State Treasurer (1-5-7) (bill enclosed) \$

If you disagree with this computation, you have the right to come to this office to discuss the matter. If after such discussion you are not satisfied, you may contact the State Division of Mental Health Services to request an administrative review. You should make the request through the Department of Human Services, Division of Mental Health Services, PO Box 727, Trenton, New Jersey 08625-0727.

.....
 (Hospital)

 (Name, Title)

Distribution:

Client-Original Social Services Director
 Business Manager Placement/Financial Coordinator
 Division Fiscal Officer
 Form FS-9 (Revised
 9/14/00)

APPENDIX I

APPENDIX I

SOCIAL SECURITY ADMINISTRATION

Supplemental Security Income
 Notice of Interim Assistance Reimbursement

Date:

 Social Security Number: _____

GR Code: _____

APPENDIX I

SOCIAL SECURITY ADMINISTRATION

ACTION REQUIRED BY THE STATE

Complete the State's Accountability Report using the information in the "PAYMENT SUMMARY." Return all but this page of the notice to the Social Security Administration within 30 days of receipt of the Interim Assistance Reimbursement check.

THINGS TO REMEMBER WHEN DETERMINING YOUR AMOUNT OF REIMBURSEMENT

- . Federally Reimbursable IA is assistance from State or local funds to an individual for meeting basic needs either during the period beginning with the first day for which such individual was eligible for SSI benefits; or beginning with the first day for which the individual's benefits were suspended or terminated, if the individual was subsequently found to have been eligible for such benefits, and ending with (and including) the month payment is made.
- . You may recoup interim assistance you paid for any month in a period as defined above. You may not recoup for any months prior to the month for which you began paying interim assistance in this period. If a month is not listed in the "Payment Summary" you cannot recoup the assistance you paid for that month.
- . In cases where SSI payments were prorated, you must prorate the amount you recover for that month. You cannot recover the difference you paid for a prorated month from any other month. You can determine that a month's payment was prorated if the day is other than the first of the month.
- . Assistance payments financed in whole or part from Federal funds (e.g., AFDC) do not come within the meaning of interim assistance.
- . Excess IAR payments are to be made to the individual within 10 working days of receipt of the reimbursement check.

SSA-L8125

CLAIMANT INFORMATION

Initial Claim

Date of SSI Eligibility:

Amount of SSI Retroactive Payment:

Amount and Month of Recurring SSI Payment:

STATE'S ACCOUNTABILITY REPORT

	AMOUNT	DATE RECEIVED	DATE SENT
1. Amount of reimbursement check the State received from SSA			
2. Amount of interim assistance paid to the individual			
3. Amount of the reimbursement check retained by the State			
4. Amount of the reimbursement check forwarded to the individual			
5. Amount of reimbursement check returned to SSA			

DATE NOTICE RECEIVED

FIRST MONTH FOR WHICH YOU PAID IA THIS PERIOD

NOTE: Total of items 3, 4 and 5 should equal the amount shown in item 1

CERTIFICATION STATEMENT

I certify that the above is a true statement of receipts and disbursements under our agreement with the Secretary of Health and Human Services for the purpose of furnishing interim assistance to individuals as established by P.L. 93-368, as amended.

Signature Title & Agency Date

PAYMENT SUMMARY

FROM THROUGH AMOUNT PAID EACH MONTH

SSA-L8125

APPENDIX J



APPENDIX K

APPENDIX K

HEALTH BENEFITS IDENTIFICATION CARD

Emergency Services Letter



Dear Provider: (Please see checked block below)

- [] NEW APPLICANT: The NJ FamilyCare/Medicaid client listed below has been newly approved as eligible, and will receive a permanent plastic Health Benefits Identification (HBID) card in the mail shortly. In the meantime, please accept this letter in place of the client's new permanent HBID card. **For new applicants only this letter serves as temporary verification of Medicaid eligibility for the period listed below.**

- [] CLIENT AWAITING REPLACEMENT CARD: The NJ FamilyCare/Medicaid client listed below is awaiting a replacement card. In the interim, please use the Medicaid information for the client, printed below, in order to determine eligibility for this client using any one of the available eligibility verification systems you normally use. **This letter is not proof of eligibility for this client.**

CLIENT

Medicaid ID

Client Name

Date of Birth
HMO Plan & Service Package
TPL & Medicare Coverage
Pharmacy Restrictions
Client Address

AUTHORIZING OFFICE

Office Name
Name of Staff Contact
Phone Number

EMERGENCY SERVICES LETTER VALID FROM _____ UNTIL _____

FD-412 (05/23/06)

APPENDIX L

APPENDIX L

BUSINESS MANAGER'S STATEMENT TO SSI APPLICANT

_____	_____
(Client's Name)	(Date)
_____	_____
_____	(Hospital)

(Client's Address)	

The Social Security Administration has informed us that:

_____ Your SSI application was denied.

APPENDIX L

BUSINESS MANAGER'S STATEMENT TO SSI APPLICANT

_____ They issued a retroactive SSI check to you or your payee.

The following is a computation of the amount due for your Interim Assistance placement:

1. Amount of Interim Assistance provided	\$	_____
2. Amount of SSI check	\$	_____
3. Patient Trust Fund balance	\$	_____
4. Total available resources (2 + 3)	\$	_____
5. Amount of assistance hospital can recover	\$	_____
6. Amount of assistance given to you by	\$	_____
county/local welfare agencies	—	_____
7. Amount of assistance recovered from PTF	\$	_____
balance	—	_____
8. Net amount due you (4-5-6-7) (check enclosed)	\$	_____
9. Net amount due State Treasurer (1-5-7) (bill	\$	_____
enclosed)	—	_____

If you disagree with this computation, you have the right to come to this office to discuss the matter. If after such discussion you are not satisfied, you may contact the State Division of Mental Health Services to request an administrative review. You should make the request through the Department of

Human Services, Division of Mental Health Services, PO Box 727, Trenton, New Jersey 08625-0727.

(Hospital)

(Name, Title)

Distribution:

Client-Original

Business Manager

Division Fiscal Officer

Form FS-9A (9/14/00)

Social Services Director

Placement/Financial Coordinator

APPENDIX M (RESERVED)