

New Jersey

NOTE: This information is for 2005. The state did not provide information for 2006. The data in the tables are for 2006 and were provided by the Social Security Administration.

State Supplementation

Mandatory Minimum Supplementation

Administration: Social Security Administration.

Optional State Supplementation

Administration: Social Security Administration.

Effective date: January 1, 1974.

Statutory basis for payment: New Jersey Statutes Annotated, 44:7-86.

Funding

Administration: State funds.

Assistance: State funds.

Passalong method: Maintaining payment levels.

Place of application: Social Security Administration field offices.

Scope of coverage: Optional state supplement provided to all aged, blind, and disabled recipients, including children, except those in publicly operated community residences or facilities where Medicaid pays less than 50 percent of the cost of care. Supplementation provided to recipients in approved residential facilities.

Resource limitations: Federal SSI regulations apply.

Income exclusions: Federal SSI regulations apply.

Recoveries, liens, and assignments: None.

Financial responsibility of relatives: None.

Interim assistance: State participates.

Payment calculation method: Not provided by state.

Payment levels: See Table 1.

Number of recipients: See Table 2.

State Assistance for Special Needs

Administration

State Department of Human Services, Division of Family Development.

Special Needs Circumstances

Emergency assistance for catastrophic events and burial and funeral payments. Eligibility for payments based on meeting requirements for mandatory minimum or optional state supplementary payments.

Medicaid

Eligibility

Criteria: SSI program guidelines (Title XVI).

Determined by: Social Security Administration.

Medically Needy Program

State provides a program for the aged, blind, and disabled medically needy.

Unpaid Medical Expenses

The Social Security Administration obtains this information.

Table 1.
Optional state supplementation payment levels, January 2006 (in dollars)

Living arrangement	State code	Combined federal and state		State supplementation	
		Individual	Couple	Individual	Couple
Congregate care facility ^a	A	753.05	1,487.36	150.05	583.36
Living alone or with others	B	634.25	929.36	31.25	25.36
Living alone with an ineligible spouse	C	929.36	...	326.36	...
Living with an essential person	C	929.36	...	24.36	...
Living in the household of another	D	446.31	695.76	44.31	93.09
Medicaid facility	G	40.00	80.00	10.00	20.00
Residential health care facility	I	813.05	1,607.36	210.05	703.36

SOURCE: Social Security Administration, Office of Income Security Programs.

NOTE: ... = not applicable.

a. State supplement includes a \$67.50 personal needs allowance per person per month.

DEFINITIONS:

A: Congregate care facility. Includes recipients in:

- Residential health care facilities, assisted living residences, or comprehensive personal care homes licensed by the Department of Health.
- Recipients in residential facilities for children and adults under the supervision of or placement by the Division of Developmental Disabilities or the Division of Youth and Family Services and approved by the Department of Human Services.

B: Living alone or with others. Includes recipients residing in a federal Code A or C living arrangement who do not meet the definitions of other state living arrangements. Includes persons in:

- The Transitional Residency Program when their placement is through the Division of Mental Health and Hospitals, Department of Human Services,
- Room and board facilities licensed by the Department of Community Affairs, and
- Persons in medical facilities who reside in a federal Code A living arrangement on the basis of their eligibility under section 1611(e)(1)(E) of the Social Security Act.

C: Living alone or with an ineligible spouse.

- Applies to recipients who live with their ineligible spouse only or with their ineligible spouse and foster children only.
- Uses federal criteria. Recipient currently has an essential person living in the household and in December 1973 was receiving assistance under an approved state plan that covered the needs of an essential person.

D: Living in the household of another. Includes recipients residing in a federal Code B living arrangement.

G: Medicaid facility. Includes recipients residing in a federal Code D living arrangement.

I: Residential health care facility. The state did not provide a definition.

Table 2.
Number of persons receiving optional state supplementation, January 2006

Living arrangement	State code	Total	Aged	Blind	Disabled	
					Adults	Children
All recipients		148,581	32,752	850	86,061	28,918
Congregate care facility	A	5,049	498	33	4,034	484
Living alone or with others	B	114,448	21,623	637	66,782	25,406
Living alone with an ineligible spouse or essential person	C	5,446	2,509	27	2,908	2
Living in the household of another	D	18,453	7,204	136	8,631	2,482
Medicaid facility	G	3,891	834	15	2,506	536
Residential health care facility	I	1,294	84	2	1,200	8

SOURCE: Social Security Administration, Supplemental Security Record, 100 percent data.