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Cuáles Son Sus Derechos Legales: La versión en español la encontrará al reverso

Looking Out For Your Legal Rights®

November 2015 Published by Legal Services of New Jersey

Volume 34, Number 9

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Cuáles Son Sus Derechos Legales

La versión en español la encontrará al reverso.

NJ FamilyCare

BEFORE 2014, New Jersey used the NJ FamilyCare label in a variety of ways. Sometimes it was used to refer to the health insurance coverage that was provided to some New Jersey parents and children under the Children's Health Insurance Program (CHIP), rather than Medicaid. With the implementation of coverage changes under the Affordable Care Act (ACA), particularly the Medicaid Expansion, New Jersey decided to change the NJ FamilyCare label. As of January 2014, it refers to all Medicaid and CHIP programs administered by the State of New Jersey. All New Jersey Medicaid programs are included, whether they cover childless adults, parents, pregnant women, or children, and whether eligibility is based on income, disability, age, or other factors.

NJ FamilyCare refers to all Medicaid and CHIP programs administered by the State of New Jersey.

Who is eligible?

To be eligible for a NJ FamilyCare program, you must meet certain financial requirements. You must also be a resident of New Jersey and be a U.S. citizen or have a qualified immigration status.

Continued on page 2

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Continued from page 1

Can I qualify by my income alone?

Since the ACA changes were implemented in 2014, you may qualify for Medicaid based solely on your income. The income limits depend on whether you are an adult (up to 65th birthday and without Medicare), a child (up to 19th birthday), or a pregnant woman, as shown in the table on page 3.

Can I qualify for other reasons?

There are also many Medicaid programs that provide coverage based on other reasons including disability and age. The financial eligibility rules for these other categories look at both income *and* resources. The income counting rules are different than the MAGI rules.

Here are some examples:

- People who are receiving Supplemental Security Income (SSI)
- People who are age 65 or older, blind, or disabled, but whose income or resources are somewhat higher than the SSI limit
- People who are in nursing homes
- People who would be medically eligible for nursing home care, but who are able to receive care in home and community-based programs
- Uninsured women diagnosed with breast or cervical cancer
- People who require emergency care who would be eligible for Medicaid but for their immigration status
- Certain low-income Medicare beneficiaries.

New Jersey has also opted to provide a "medically needy" program for certain categories of individuals who would otherwise be eligible for Medicaid except that they have income or assets that exceed the Medicaid limits. This option allows pregnant women, children under the age of 21, and people who are aged, blind, or disabled to spend down their excess income on documented medical expenses to meet Medicaid eligibility limits.

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A portion of the cost of this publication was supported by funds provided by the IOLTA Fund of the Bar of New Jersey.

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2015 INCOME* ELIGIBILITY LEVELS FOR MEDICAID AND CHIP

Family size	Adults 138%	Pregnant Women 205%	Children to 147% (Medicaid)	Children 147% to 355% (CHIP)
1	$ 16,243	N/A**	$ 17,302	$ 41,784
2	$ 21,984	$ 32,657	$ 23,418	$ 56,552
3	$ 27,725	$ 41,185	$ 29,533	$ 71,320
4	$ 33,465	$ 49,713	$ 35,648	$ 86,088
5	$ 39,206	$ 58,241	$ 41,763	$ 100,856
6	$ 44,947	$ 66,769	$ 47,878	$ 115,624
7	$ 50,688	$ 75,297	$ 53,994	$ 130,392
8	$ 56,429	$ 83,825	$ 60,109	$ 145,160

* Income is calculated based on the Modified Adjusted Gross Income (MAGI) method.
**Pregnant woman and unborn child count as family of 2.

What services do states have to provide?

Title XIX of the Social Security Act requires states to provide certain basic services to specific categories of persons under the state's Medicaid program. The following services are federally mandated:

- Inpatient and outpatient hospital services
- Physician services
- Medical and surgical dental services
- Nursing facility (NF) services for individuals aged 21 and older
- Home health care for persons eligible for NF services
- Family planning services and supplies
- Rural health clinic services and any other ambulatory services offered by a rural health clinic that are otherwise covered under the State Plan
- Laboratory and x-ray services
- Pediatric and family nurse-practitioner services
- Federally qualified health center services and any other ambulatory services offered by a federally qualified health center that are otherwise covered under the State Plan
- Nurse-midwife services (to the extent authorized under State law)
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services for individuals under 21.

States may also receive matching federal monies if they choose to provide other Medicaid-covered services. New Jersey provides these optional Medicaid-covered services to eligible individuals:

- Treatment in residential treatment centers
- Optometry services and eyeglasses
- Dental care
- Prescription medicines
- Chiropractic services

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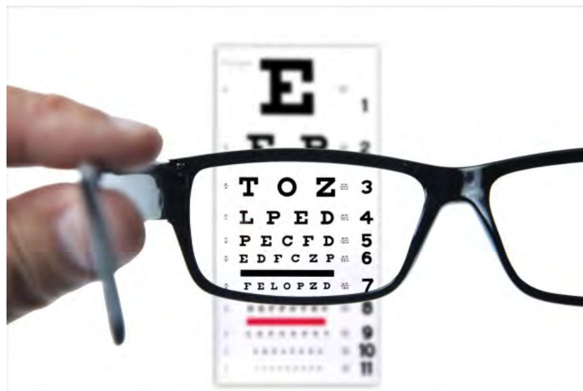
- Psychologist services
- Prosthetics and orthotics
- Podiatry services
- Prescription medicine necessary during long-term care
- Durable medical equipment
- Hearing aid services
- Transportation
- Personal care services
- Licensed practitioner services
- Private duty nursing
- Services in a clinic
- Physical, occupational and speech therapy
- Inpatient psychiatric care for individuals under 21 and over 65
- Intermediate care facilities for the mentally retarded.

How do I apply for NJ FamilyCare?

You can apply for NJ FamilyCare online at ***www.NJFamilyCare.org***; or print out an application from their website and mail it to their office; or by phone at 1-800-701-0710. You can also apply in person at your ***county welfare office.***



New Jersey provides optional Medicaid-covered services, including optometry services and eyeglasses to eligible people.

Most NJ FamilyCare beneficiaries in New Jersey are required to join a participating HMO to receive most of their health care services. There are currently five NJ FamilyCare HMOs in New Jersey. For more information about these HMOs, visit ***NJ Medicaid & Managed Care***, ***http://bit.ly/1NQfVLl***, (from the New Jersey Division of Medical Assistance and Health Services). ❒

By Josh Spielberg, Chief Counsel, LSNJ Health Care Access Project

LSNJLAW℠, Legal Services of New Jersey's Statewide, Toll-Free Legal Hotline

Scan this QR code with your mobile phone to apply online.

If your income is low and you need help with a civil legal problem, call LSNJLAW℠, Legal Services of New Jersey's statewide, toll-free legal hotline, at 1-888-LSNJ-LAW (1-888-576-5529). You may also apply online at ***www.lsnjlawhotline.org***. Hotline hours are Monday through Friday, 8 a.m. to 5:30 p.m. If you are not eligible for assistance from Legal Services, the hotline will refer you to other possible resources.

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A Guide to Continuing Disability Reviews for SSD/SSI Claims

1. What is a CDR?

A CONTINUING Disability Review (CDR) is a routine review done by the Social Security Administration (SSA). CDRs are done to make sure that people receiving Social Security (SSD) and Supplemental Security Income (SSI) disability benefits are still disabled and entitled to those benefits. Social Security looks at whether you have medically improved since you were found disabled. If SSA thinks you have improved, they check whether you still meet Social Security's disability standard.

There are other reasons, in addition to medical improvement, in which people can lose benefits or have them reduced that are not covered here. Examples include benefit overpayments or not meeting the resource and income requirements for SSI benefits. This article explains how CDRs are evaluated, what you should do if you receive one, and how to appeal if your benefits are stopped. You should not panic if you receive a CDR notice, but you should not ignore it either.

How often you receive a CDR depends on how likely SSA thinks it is that your medical condition will improve. If medical improvement is *expected*, SSA will review the claim in six to 18 months. If medical improvement is *possible*, SSA will review the claim every three years. If medical improvement is *not expected*, SSA will review the claim every five to seven years. Also, some events can trigger a CDR. Examples include the completion of a vocational rehabilitation program, an SSI child's 18th birthday, when a baby turns one year old, and sometimes work-related income within the first 24 months of entitlement to SSD benefits.

If you are selected for a CDR, you will receive written notice from SSA along with forms to fill out and return. Social Security's website, ***www.ssa.gov***, has more information on CDRs.

2. What can I do to prepare for a CDR?

- Keep copies of the documents you send to SSA so they are easier to complete for your next review. Also, SSA loses paperwork sometimes and it's good have a copy.
- Maintain a good relationship with your doctors and make sure they know about your medical condition. Keep a list of all medical tests and treatments, and understand how to get copies of those records if you need them.
- Keep SSA informed of any change in your mailing address. Otherwise you might not get your CDR notice and your benefits could be denied.

If you are selected for a CDR, you will receive written notice from SSA along with forms to fill out and return.

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If you can show that you still have the medical condition that is keeping you from working and that you are under medical care, your benefits will likely continue.

3. What do I do if I get a CDR notice?

Don't worry. SSA is not looking for a reason to end your benefits. If you can show that you still have the medical condition that is keeping you from working and that you are under medical care, your benefits will likely continue. Over 90% of adults who undergo CDRs have their benefits continued. If you receive the two-page short form, they probably expect that you have a low chance of improvement. If you receive a 10-page form, they may review your CDR more closely to see if you have improved enough to work. Either way, the following tips will be helpful:

- Open and read the notice. Get help if you don't understand what it says.
- Respond on time to SSA's requests for information. If you cannot respond on time, contact SSA and ask for more time.
- Fill out the form exactly as instructed and answer truthfully.
- If some basic information such as your address or phone number is different from that on the form, submit a separate written request to SSA to update that information.
- Tell your doctors that a CDR is being done on your file and that SSA may contact them for information. Submit any medical records and attend any medical examinations or tests that SSA requires.
- Ask your doctors to discuss whether you should be doing full-time competitive work, considering all of your medical conditions in combination. If they say that you can, ask them to provide a detailed list of your mental and physical job restrictions. Include those in the form and then consider consulting with the state vocational rehabilitation.
- Be very thorough when describing any medical conditions that limit ability to work or, for children, to do the same things as other kids their age. Name all of the medical conditions, and go into detail about how they affect what you can do, both physically and mentally. Don't forget to cover the conditions that you had when you were approved for benefits and describe how they have changed. If you need more space, attach an extra page.
- You may have new medical conditions that are closely related to the ones in your original disability application. If so, point that out in the "remarks" section, especially if they are complications of the original one.
- The form asks if you have any difficulty with normal daily activities. Make sure your answers accurately describe those difficulties. For example, if you can only sometimes do certain activities, or cannot do them as well, as quickly, or as long, make sure

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to say so. Describe activities with which you need help.

- If you are asked to list a person familiar with your medical condition, make sure the person you select is aware of how your medical conditions affect what you can do. Even if you are not asked for a name, consider asking other people to submit statements that show why you could not sustain work activity.
- If you have worked, be sure to describe any special assistance you may have received in the workplace. Accurately report the job hours, duties, and amount of earnings. If you had to stop the job or reduce hours because of your disability, say so.

Documenting your claim and requesting records

There are several things you can do to document your claim and increase your chances. One is to make certain that all of your updated medical records are filed with Social Security. This can require some expense and effort, as doctors and hospitals usually charge fees for copies of medical records. You can ask them to waive the fees, but they are not required to do so. See our website, ***www.lsnjlaw.org***, for an explanation of how to get a copy of your medical records in New Jersey. Social Security can help you gather your records for free if you provide medical releases and correctly identify all the places you have been treated. However, sometimes Social Security still does not successfully obtain all of your records.

Finding all of your medical records can be tricky. Sometimes, doctors or hospitals may not submit all the records. If your records contain information on HIV/AIDS or alcohol or drug use, you may have to specifically request or authorize release of that information. Sometimes you have to be persistent to get them to provide records. Social Security may lose records that were already sent. To catch such errors, ask to view your Social Security file and make sure everything was received. If not, ask for additional time and follow up. Failure to submit all medical records is a common reason for denying legitimate claims.

Consider getting a medical opinion report from the physician(s) most familiar with your medical condition. Any such report should address your medical conditions and how they affect what you can do. The report should also address issues particular to the CDR process, such as whether you have medically improved since you were last found disabled.

Next, make sure that you report all of your medical problems and symptoms to Social Security and your doctors. How severe are they? How often do you get them? How long do they last? What do they keep you from doing, physically and mentally? *Continued on page 9*

Consider getting a medical opinion report from the physician(s) most familiar with your medical condition.

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Questions About CDRs

I should have had a CDR already, but I have not received any notice yet. What should I do?

Don't worry. SSA has a large backlog of cases it needs to review, so it is normal that your CDR might be delayed.

Will they do a CDR when I am in my Trial Work Period?

If you have received SSD benefits for at least 24 months or you are using the Ticket to Work Program, your work activity should not automatically trigger a CDR. However, you may still get regularly scheduled medical reviews.

If I am in a vocational rehabilitation program, can my benefits continue?

Yes. Under Section 301, your benefits can continue until you have completed the vocational rehabilitation program if you meet program requirements. However, you must begin the program before the date of medical cessation, and SSA will determine on a case-by-case basis if your program increases the likelihood that you will not return to disability benefits.

What if my condition improved, but I have a new medical problem?

When SSA evaluates your current condition, it will consider the new medical problem if it meets a listing or otherwise limits your functional abilities.

What if I develop a new impairment after SSA has ceased my benefits?

If you still have an appeal pending, submit medical evidence of your new impairment. If you no longer have a claim pending, consider filing a new disability benefit claim that includes the new impairment.

What if I can't provide documentation or attend a meeting with SSA due to my disability?

Under the Rehabilitation Act, you can request assistance and accommodations from SSA. The law requires Social Security to provide reasonable assistance and accommodations to people with disabilities.

When should I get a lawyer?

If you have difficulty understanding the process, gathering the evidence, or otherwise advocating for yourself, consider getting an attorney. Some lawyers don't take CDR and benefit cessation cases because fees are limited, particularly at the early stages of appeal. Most lawyers charge a percentage of the past benefits received, and any fee must be approved by Social Security before it is charged.

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In some cases, your doctor may clear you to do some kind of work. If you believe you can work after consultation with your doctors, seek help from the state vocational rehabilitation agency. The agency should help determine your vocational strengths and weaknesses, identify any barriers to employment, and work with you to overcome them and find work that you could realistically do.

Children receiving disability benefits also get CDRs from time to time, before they turn 18.

4. How does SSA evaluate CDRs?

SSA handles CDRs differently depending on whether they involve adult disability claims, redeterminations of benefits for children turning 18 years old, or child disability claims.

Adult SSD and SSI claims

- In adult claims, Social Security follows a multi-step process. The first step, which applies to some SSI and SSD claims, is to determine whether you are working at substantial gainful levels. There are some limited exceptions for people using SSA's work incentive programs.
- Social Security then checks to see if you meet the requirements of its "Listing of Impairments," which is a list of medical conditions that SSA considers disabling. If yes, your benefits continue. If no, then you go to the next step.
- SSA then considers if you are medically improved in ways related to your ability to work. If no, then your benefits will continue unless you fall into one of the limited exceptions, such as fraud or non-cooperation. If yes, then you go to the next step.
- If you are medically improved in ways related to your ability to work, SSA will ask more questions similar to the ones it uses in new disability claims. It will determine if your medical conditions affect your ability to do any basic work activities. If no, then benefits cease. If yes, then you go to the next step.
- SSA then determines if you can do any of your past relevant work. If yes, then your benefits will cease. If no, you go to the final step.
- SSA then considers if you can do and sustain other substantial work. If yes, then benefits cease. If no, benefits continue.

Drug or alcohol abuse, or unexcused failure to follow prescribed medical treatment, can sometimes result in denials, especially when they contribute significantly to the person's disability.

Child turning 18 years old

Social Security's disability standard is different for children than for adults. For that reason, all children receiving SSI benefits have their eligibility redetermined when they turn 18 using SSA's regular adult disability definitions and rules.

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There are some situations where people aged 18-21 can keep benefits even if they are no longer medically disabled. People using the Ticket to Work program, some vocational rehabilitation programs, and who are participating in an individualized educational program (IEP) can sometimes keep benefits. More information is available on the Social Security website, ***www.ssa.gov***.

Child SSI claims

Children receiving disability benefits also get CDRs from time to time, before they turn 18. Social Security follows a multi-step process.

- SSA asks if the child's condition medically improved. If no, the benefits continue (unless one of the limited exceptions applies). If yes, then go to the next step.
- SSA asks if the child's medical condition meets or equals the requirements of the "Listing" it met before. SSA has a list of child medical conditions it considers disabling in its "Listings of Impairments," which are available on its website. If the requirements are met, benefits continue. If not, then go to the next step. This step can sometimes be difficult because SSA often does not tell families which listing was met when their child was originally approved for benefits.
- SSA then considers all of the child's medical conditions and determines whether they meet the regular child disability standards, mentioned on Social Security's website.

Drug or alcohol abuse, or unexcused failures to follow prescribed medical treatments, can sometimes result in denials, especially when they contribute significantly to the person's disability.

Visit our website, ***www.lsnjlaw.org***, for information about what you should do if you get a notice ending your benefits after a CDR. ❐

By Ellis Liang, former LSNJ Student Intern from Princeton University, under the supervision of Kevin Liebkemann, LSNJ Chief Section Counsel

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Cuáles Son Sus Derechos Legales

Noviembre 2015 Publicado por los Servicios Legales de Nueva Jersey

NJ FamilyCare se refiere a todos los programas Medicaid y CHIP administrados por el Estado de Nueva Jersey. ***Página*** **1**

¿Está solicitando la asistencia pública, ***Welfare? Página*** **5**

Flip issue over for the English edition of ***Looking Out for Your Legal Rights.***

Cómo solicitar el NJ FamilyCare

ANTES DE 2014, Nueva Jersey había utilizado el nombre NJ FamilyCare en una variedad de formas. A veces se utilizaba para referirse al seguro médico proporcionado en el estado a algunos padres e hijos bajo el Programa de Seguro Médico para Niños (CHIP), en lugar del Medicaid. Con la aplicación de cambios en la cobertura, en virtud de la Ley de Cuidado de Salud Asequible (ACA), en particular la expansión del *Medicaid*, Nueva Jersey decidió cambiar el sistema del NJ FamilyCare. A partir de enero de 2014, este término se refiere a todos los programas del Medicaid y CHIP administrados por el Estado. Todos los programas del Medicaid en Nueva Jersey están

Continúa en la página 2

El boletín de educación jurídica para los habitantes de Nueva Jersey

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Continúa de la página 1

incluidos, cubran o no a los adultos sin hijos, padres de familia, mujeres embarazadas o niños, y la participación se base o no en los ingresos, discapacidad, edad u otros factores.

Requisitos generales

Para poder participar en el programa NJ FamilyCare, tendrá que cumplir determinados requisitos financieros. Además tiene que ser residente de Nueva Jersey y ciudadano estadounidense o tener el estatus migratorio adecuado.

La clasificación únicamente por ingresos

Debido a que en 2014 se implementaron cambios de la ley ACA, usted puede clasificar para participar en el Medicaid basado únicamente en sus ingresos. Los límites de ingresos dependen de si usted es un adulto (hasta su 65avo cumpleaños y no tiene Medicare), un menor (hasta los 19 años), o una mujer embarazada, como se muestra en la siguiente lista.

La clasificación basada en otros motivos

También hay muchos programas del Medicaid que proporcionan cobertura basada en otros motivos, incluyendo la discapacidad y la edad. Las reglas sobre los requisitos financieros para estas otras categorías miran tanto los ingresos como los recursos. Las reglas para el cómputo de los ingresos son distintas a las del método MAGI.

Aquí le mostraremos algunos ejemplos:

- Los individuos que reciben la Seguridad de Ingreso Suplementario (conocido en inglés por las siglas SSI).
- Las personas que son mayores de los 65 años de edad, ciegas o discapacitadas, pero cuyos ingresos o recursos son algo más altos que el límite del SSI.
- Las personas que se encuentran en residencias geriátricas.
- Las personas que médicamente cumplirían con los requisitos para recibir atención en una residencia geriátrica, pero que pueden

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Comentarios

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LOS NIVELES DE INGRESO PARA LA PARTICIPACION EN EL MEDICAID Y CHIP EN EL 2015*

# de personas en la familia	Los adultos 138%	Las mujeres embarazadas 205%	Los niños hasta el 147% (Medicaid)	Los niños del 147% al 355% (CHIP)
1	$ 16.243	N/A**	$ 17.302	$ 41.784
2	$ 21.984	$ 32.657	$ 23.418	$ 56.552
3	$ 27.725	$ 41.185	$ 29.533	$ 71.320
4	$ 33.465	$ 49.713	$ 35.648	$ 86.088
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6	$ 44.947	$ 66.769	$ 47.878	$ 115.624
7	$ 50.688	$ 75.297	$ 53.994	$ 130.392
8	$ 56.429	$ 83.825	$ 60.109	$ 145.160

*Los ingresos se calculan con el método de ingreso bruto ajustado con modificaciones (MAG).
** Una mujer embarazada y un niño por nacer cuentan como una familia de 2.

recibir cuidado en el hogar y en programas basados en la comunidad.

- Las mujeres sin seguro médico diagnosticadas con cáncer de mama o cáncer cervical.
- Las personas que necesitan atención urgente y que, si no fuera por su condición migratoria, podrían recibir el Medicaid.
- Algunos beneficiarios del Medicare que tienen bajos ingresos.

Nueva Jersey también ha optado por proporcionar un "programa" para individuos médicamente necesitados para determinadas categorías de personas que, de lo contrario, recibirían el Medicaid, excepto que tienen ingresos o activos que exceden los límites del Medicaid. Esta opción permite a las mujeres embarazadas, los niños menores de 21 años y las personas mayores, ciegas o discapacitadas, gastar el exceso de ingresos que tienen para cubrir gastos médicos documentados para, de esa forma, cumplir los criterios de selección del Medicaid.

Los servicios

El Título XIX de la Ley para el Seguro Social exige que todo estado proporcione ciertos servicios básicos a categorías específicas de personas bajo el programa estatal de Medicaid. Los siguientes servicios son un mandato federal:

- Servicios hospitalarios para pacientes hospitalizados y ambulatorios.
- Servicios de un médico.
- Servicios odontológicos, médicos y quirúrgicos.
- Servicios en un centro de enfermería (NF) para personas mayores de los 21 años de edad.

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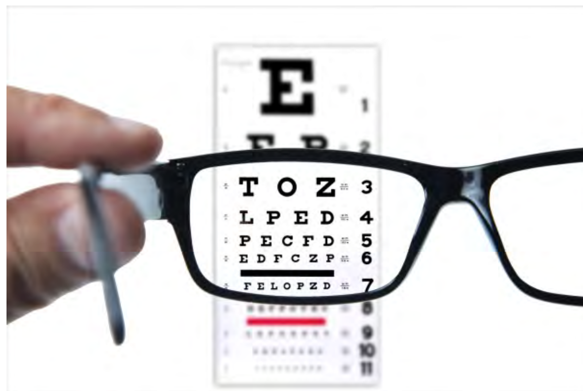
- Atención médica a domicilio para las personas que tengan derecho a los servicios NF.
- Servicios de planificación familiar y suministros.
- Servicios de clínica rural y cualquier otro servicio ambulatorio ofrecido por una clínica médica rural que de otra forma esté cubierto bajo el plan estatal.
- Servicios de laboratorio y radiología.
- Servicios pediátricos y de enfermería familiar-especializada.
- Servicios en centros de salud aprobados por el gobierno federal y cualesquier otro servicio ambulatorio ofrecido en uno de estos centros médicos que de otra forma esté cubierto por el plan estatal.
- Servicios de enfermería-partera (en la medida en que estén autorizados bajo la ley estatal).
- Servicios de análisis para la detección y diagnóstico temprano y periódico al igual que el tratamiento (EPSDT) para individuos menores de 21 años.

El estado también puede recibir dinero federal si decide prestar otros servicios cubiertos por el Medicaid. Nueva Jersey proporciona estos servicios opcionales cubiertos por el Medicaid a los que reúnen los requisitos:

- Tratamiento en centros residenciales de tratamiento.
- Servicios de optometría y lentes.
- Cuidado dental.
- Medicinas recetadas.
- Servicios de quiropráctica.



Nueva Jersey ofrece, a las personas que cumplen con los requisitos, servicios opcionales cubiertos por Medicaid, incluyendo optometría y lentes.

- Servicios psicológicos.
- Prótesis y ortopedia.
- Servicios de podología.
- Medicamentos recetados necesarios durante el cuidado a largo plazo.
- El equipo médico para usar en su domicilio.
- Los servicios para personas con discapacidades auditivas.
- Transporte.
- Servicios para el cuidado personal.
- Servicios brindados por practicante con licencia de funcionamiento.
- Atención privada de enfermería.
- Servicios en una clínica.
- Terapia física, ocupacional y del habla.
- Hospitalización psiquiátrica a individuos menores de 21 años y mayores de 65 años.
- Cuidados intermedios para personas con retraso mental.

Cómo se solicita el NJ FamilyCare en Nueva Jersey

Usted puede solicitar el NJ FamilyCare en la Internet, *www.*

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njfamilycare.org o imprimir una solicitud que encontrará en su página Web y enviarla por correo a la oficina; o por teléfono 1 (800) 701-0710. También puede solicitar en persona en la oficina del bienestar público en el condado donde reside.

En Nueva Jersey, la mayoría de beneficiarios del NJ FamilyCare están obligados a afiliarse a un plan HMO participante para recibir la mayor parte de los servicios médicos. Actualmente, en Nueva Jersey hay cinco planes HMO de NJ FamilyCare. Para obtener más información acerca de estos planes HMO, visite ***http://bit.ly/1NQfVLl*** (de la oficina estatal para la asistencia y servicios médicos, New Jersey Division of Medical Assistance and Health Services). ❒

Traducido por: Al Moreno, M.A., Coordinador de los servicios lingüísticos en los Servicios Legales de NJ

¿Está solicitando la asistencia pública, Welfare?

SI ESTÁ SOLICITANDO la asistencia pública, cupones para alimentos (SNAP), Medicaid u otro tipo de ayuda:

- Puede llenar y presentar una solicitud en la Internet, ***www.njhelps.org***.
- Puede presentar una solicitud ante la agencia de la asistencia pública en el condado donde vive. La agencia tiene que recibirle la solicitud y procesarla el mismo día que usted la entregue, aun si tiene que regresar a completarla o a traer algún documento adicional.
- Puede solicitar por escrito los cupones para alimentos el mismo día que vaya a pedir ayuda, aun si no está solicitando la asistencia pública. La agencia le tiene que **agilizar la entrega de los cupones SNAP dentro de 7 días, si:**
  - ☑ Su ingreso bruto es menos de $150 por mes o tiene menos de $100 en efectivo; O
  - ☑ Es un trabajador migratorio o temporero; O
  - ☑ La combinación de sus ingresos mensuales y el efectivo que tiene disponible es menos que el monto del alquiler.
- Puede **solicitar el Medicaid por escrito *el mismo día* que vaya a pedir ayuda**, aun si no está solicitando la asistencia pública.
- Si está solicitando la asistencia pública, **la agencia tiene que darle la ayuda urgente que necesita, *el mismo día* que la solicite, si necesita dicha ayuda *inmediatamente*** porque no tiene alimentos, vivienda, servicios públicos o ropa, siempre y cuando llene los requisito del programa WFNJ. Si solicita la ayuda general

Puede solicitar por escrito los cupones para alimentos el mismo día que vaya a pedir ayuda, aun si no está solicitando la asistencia pública.

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GA, debe cooperar con un programa de trabajo o mostrar documentación de que no puede trabajar debido a una discapacidad.

- **Si está sin vivienda o a punto de perderla**, cuando solicite la asistencia pública, **la agencia tiene que recibirle *inmediatamente* la solicitud para obtener cualquier otro tipo de ayuda.** Esta **ayuda urgente** (conocida como EA) puede ser en la forma de un cuarto en un motel, un albergue o un **subsidio temporal para pagar el alquiler** (TRA) que le ayude a conservar o conseguir un apartamento. De igual manera puede obtener ayuda para pagar las cuentas de los servicios públicos, conseguir alimentos, hacer pagos hipotecarios u obtener ropa o muebles. La agencia, en el acto, le tiene que ayudar a cubrir las "necesidades inmediatas" y si llena los requisitos, darle la ayuda EA inmediatamente, si no le pueden ayudar de otra manera. Los solicitantes de la GA tienen que completar un programa de 28 días de trabajo o mostrar documentación de que no pueden trabajar debido a una discapacidad antes que se le apruebe la asistencia. La ayuda EA puede durar hasta 12 meses. En algunos casos se puede obtener una extensión pasados los 12 meses.
- **Si usted es víctima de violencia doméstica, violación o incesto**, la agencia tiene que darle ***ayuda especial***. Para que pueda resolver su situación y recuperarse, se le podrían exonerar temporalmente algunos de los requisitos de trabajo, fechas límites y otros.
- Si le niegan alguna de estas cosas y cree que se las deberían dar, tiene el derecho de disputar la decisión de la oficina para la asistencia pública (**apelar ante un juez**). Puede pedir una audiencia imparcial en la oficina para la asistencia pública del condado o llamar a la línea directa encargada de las audiencias en el **1-800-792-9773**.

Si tiene alguna pregunta sobre sus derechos o cree haber sido tratado injustamente en la oficina para la asistencia pública, llame a LSNJLAW[SM] la línea directa gratuita de asistencia jurídica de los Servicios Legales de Nueva Jersey para todo el estado, en el 1-888-LSNJ-LAW (1-888-576-5529). ❒