



State of New Jersey
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

ADMINISTRATIVE OFFICES
QUAKERBRIDGE PLAZA—BUILDING 7 & 5
QUAKERBRIDGE ROAD
TRENTON, NEW JERSEY 08619

ADDRESS REPLY TO:
CN-712
TRENTON, NEW JERSEY 08625

MEDICAID COMMUNICATION 85-5

DATE: May 27, 1985

TO: County Welfare Agency Directors

SUBJECT: Home and Community-based Services Waiver
for Blind or Disabled Children and Adults
(Medicaid's Model Waiver)

The New Jersey Medicaid Program is pleased to announce that it has received federal approval of a second Model Waiver to serve a maximum of fifty individuals. This program will help eligible individuals (blind or disabled children or adults) to remain in the community rather than be cared for in a long-term care facility or hospital setting. The Model Waiver I was announced in Medicaid Communication 84-2 issued January 24, 1984.

The two three-year renewable federal model waivers, prepared by the Division of Medical Assistance and Health Services and approved by the Health Care Financing Administration of the U.S. Department of Health and Human Services, are in response to the Omnibus Budget Reconciliation Act of 1981. Section 2176, Public Law 97-35, encouraged the development of community-based services for individuals who are in need of long-term institutional care.

Under the waiver, there are no geographic limitations nor restrictions on the number of individuals who can be served in any one county. However, in view of the fact that there are over one hundred individuals who have been waiting for a slot under the first Model Waiver, these individuals will receive priority consideration under Model Waiver II.

Because of the statewide nature of the program, the small number of individuals who can be served and the program's cost restrictions, inquiries should continue to be directed to the Office of Home Care Programs in this Division's Central Office as the initial step to determine if an individual case is applicable for Model Waiver II. The telephone number is 609-292-1940.

Please refer to the Operational Procedures sent to you on March 18, 1985 as an attachment to Medicaid Communication 85-2 for further information on eligibility requirements, agency roles and responsibilities and for forms and letters used in the process.

We appreciate your assistance in the implementation of this additional program for our disabled population.

Sincerely yours,

A handwritten signature in black ink that reads "Thomas M. Russo". The signature is fluid and cursive, with a small flourish at the end.

Thomas M. Russo, Director
Division of Medical Assistance
and Health Services

TMR:Kc

CC: Larry J. Lockhart, Deputy Commissioner

Audrey Harris, Director
Division of Public Welfare

Thomas Blatner, Director
DYFS Management Team

Norma F. Krajczar, Director
Commission for the Blind

Barbara Kern, Chief
Special Child Health Services Program

Medicaid District Offices

Case Management Sites