



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

ADMINISTRATIVE OFFICES
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MEDICAID COMMUNICATION 86-8

TO: County Welfare Agency Directors **DATE:** December 1, 1986

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

This Communication is a follow-up of Medicaid Communications 84-2 and 85-5 which announced Medicaid's Model Waiver programs. The New Jersey Medicaid Program is pleased to announce that it has received federal approval of a third Model Waiver to serve a maximum of fifty individuals.

These renewable federal waivers were prepared by the Division of Medical Assistance and Health Services in response to the Omnibus Budget Reconciliation Act of 1981, Section 2176, which encouraged the development of community-based services for individuals who are in need of long-term institutional care. The purpose of these programs is to help eligible individuals receive appropriate health care and remain in the community or return to the community, rather than be cared for in a long-term care facility or a hospital setting.

These Model Waiver programs serve a maximum of 50 individuals in each program or a total of 150 individuals statewide. When an individual dies or becomes ineligible for services, that individual may now be replaced in the program. There are no geographic limitations nor limitations on the numbers of individuals who can be served in any one county.

Model Waiver I became effective September 1, 1983, and was extended by the federal government for another year as of September 1, 1986. Model Waiver II became effective April 1, 1985, and Model Waiver III became effective April 1, 1986. All three programs will be renewed when the approval periods are exhausted.

Eligibility

To be eligible for the Model Waivers individuals must:

1. Be blind or disabled children and adults;
2. Be in need of institutional care and meet, at a minimum, Medicaid's nursing home level of care criteria;

3. Have total income which exceeds the SSI community standard up to the institutional CAP, or be ineligible in the community because of SSI Deeming Rules. Model Waiver III, however, may serve individuals who are community Medicaid-eligible;
4. Have resources which do not exceed the limits for Medicaid Only.

NOTE: In the Model Waiver programs, the income and resources of parents and/or spouse are not deemed available to the client in determining eligibility.

Cost Effectiveness

Each individual's service package must be no more than the cost of institutional care, determined at a projected weighted cost of hospital care or net average cost of nursing home care by the Division. Each individual's case manager monitors the amount of Medicaid services which can be provided within the cost limitations of the program. All service plans must be prior authorized by the Medicaid Evaluation Team in the Medicaid District Office serving the client's county of residence.

Services

The Model Waiver Programs offer all New Jersey Title XIX Medicaid State Plan services, plus a new service of case management. Case management is provided to adults by nurses or social workers employed by those sites providing case management under the Community Care Program for the Elderly and Disabled (CCPED). Children receive case management services from the New Jersey State Department of Health, Special Child Health Services Units. Additionally, Model Waiver III (only) offers private-duty nursing services.

Private-duty nursing services may be provided by the following types of agencies:

1. Home Health agencies licensed and certified by the New Jersey State Department of Health;
2. Voluntary non-profit homemaker/home health aide agencies approved by the New Jersey Division of Medical Assistance and Health Services;
3. Private employment agencies licensed by the New Jersey Department of Law and Public Safety;
4. Temporary help service agencies registered with the New Jersey Department of Law and Public Safety.

In order to assure quality care and to protect the health and welfare of our recipients, the Division of Medical Assistance and Health Services will contract with the above agencies for private-duty nursing.

Private-duty nursing may be provided by either registered professional nurses (RN) or by licensed practical nurses (LPN) employed by the above-mentioned agencies.

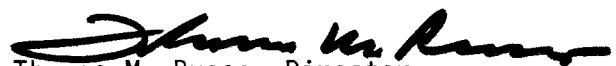
Operational procedures were sent to you on March 18, 1985, as an attachment to Medicaid Communication 85-2. Revised operational procedures for the Model Waiver Programs are being developed and will be sent to you shortly under separate cover.

Because of the statewideness of the programs, the small number of individuals who can be served and the cost restrictions of the programs, inquiries should be directed to the Office of Home Care Programs in Medicaid's Central Office, located in Trenton, as the initial step in determining an individual case as applicable for the Model Waivers. General technical assistance, consultation and program monitoring will continue to be provided by this office. Contact can be made by calling (609) 588-2620.

Questions relating to the application and intake procedures or financial eligibility requirements should be directed through existing channels to the Division of Public Welfare.

We appreciate your assistance in the continued successful implementation of this program.

Sincerely yours,



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

TMR:Kw

cc: Odella T. Welch
Deputy Commissioner

Audrey Harris, Director
Division of Public Welfare

Thomas Blatner, Director
Division of Youth and Family Services Management Team

Norma Krajczar, Executive Director
Commission for the Blind & Visually Impaired

Medicaid District Offices

Case Management Sites