

NEW JERSEY

New Jersey Department of Human Services

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<http://www.state.nj.us/humanservices/>

Home and Community-Based 1915(c) Waivers for Respite Support and 1115 Managed Long-Term Services and Supports

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America's poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long-term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs.

All but one of New Jersey's Home and Community-Based 1915(c) waivers have been incorporated into the 1115 Demonstration: "NJ FamilyCare Comprehensive Waiver" and are now operated as Managed Long-term Services and Supports. All of the waiver services offered by the Home and Community-Based 1915(c) waivers including respite care are to continue to be provided in the MLTSS delivery system. For the Community Care waiver, case management services are provided through the FamilyCare Comprehensive waiver, but respite is still provided through the Community Care waiver (fee-for-service).

[NJ FamilyCare Comprehensive Waiver](#)

This 1115 five year demonstration is a statewide health reform effort that will expand existing managed care programs to include long-term services and supports and expand home and community based services to some populations. It builds upon existing managed acute and primary care programs and established provider networks and combines several existing Medicaid and CHIP waiver and demonstration programs. As of July 1, 2014, all previous 1915(c) waiver programs except the Community Care Waiver were transitioned to Managed Long-term Supports and Services (MTLSS) under this demonstration. Participants in the Community Care Waiver receive case management through the Comprehensive Waivers, and all other services through the Community Care Waiver.

[NJ Community Care Waiver \(0031.R06.00\)](#)

Provides case management, day habilitation, individual supports, prevocational training services, respite, supported employment - individual employment support, support coordination, assistive technology, behavioral supports, career planning, community transition services, environmental modifications, occupational therapy, personal emergency response system (PERS), physical therapy, speech, language, and hearing therapy, supported employment – small group employment support, transportation, and vehicle modifications for individuals age 21 and older with autism, intellectual disabilities, or developmental disabilities.

NJ FamilyCare Comprehensive Demonstration**State Operating Agency: NJ Department of Human Services, Division of Medical Assistance and Health Services**

Description	<p>In this extension of the demonstration, the state will continue healthcare delivery reforms that were initiated during the previous demonstration period. Specifically, the state will continue its expansion of managed care to Long-term Services and Supports (LTSS) and behavioral health services, targeted home and community-based services (HCBS) programs for children and in home community supports for individuals with intellectual and development disabilities. In addition, the state will implement new targeted initiatives to provide behavioral health and substance use disorder services and expand the scope and duration of supports services for individuals with intellectual and developmental disabilities.</p> <p>The Managed Long-term Supports and Services (MLTSS) program provides home and community based services to elderly and disabled individuals through a managed care delivery system. HCBS Fee-for-Service programs also work to provide home and community based services to participants.</p>
Waiver Type	1115
Target Population-Eligibility	<p>Eligibility for MLTSS: individuals 21 and older who meet NF level of care and meet functionality criteria and children under 20 who exhibit functional limitations, identified in terms of developmental delay or functional limitations in specific age-appropriate activities of daily living, requiring skilled nursing care over and above routine parenting.</p> <p>Eligibility for Supports Program: Individuals over the age of 21, who live with a family member in their own home that is not licensed by the state and who are otherwise not eligible under the Medicaid State Plan due to income. Individuals meet the definitions for developmental disabilities and meet all criteria for functional eligibility for DDD services.</p> <p>Eligibility for Children’s Support Services Program for ID/DD: youth with intellectual/developmental disabilities (ID/DD) or a co-occurring mental health diagnosis (ID/DD-MI), ages 0-21, who meet the functionality criteria. Individuals are at risk of hospitalization, out of home treatment or at hospital level of care.</p>
Level of Care	<p>Level of care varies under the different programs and within programs. Individuals on the MLTSS program may require nursing facility (NF) level of care. Individuals on the Children’s Support Services Program for ID/DD may require hospital level of care. Individuals on the Supports Program may require nursing facility (NF) level of care.</p>
Respite Services	<p>Respite is available under the MLTSS program. Under this program, respite services are provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of an unpaid, informal caregiver (those persons who normally provide unpaid care) for the participant. In the case where a person is in the personal preference program or is self-directing services, respite may be used to provide relief for the temporary absence of the primary paid care giver. Respite is limited to up to 30 days per participant per calendar year. Respite will not be reimbursed for individuals who reside permanently in a Community Residential Service setting (CRS), an Assisted Living Residence or Comprehensive Personal Care Home or for individuals that are admitted to the Nursing Facility. Respite care must not be reimbursed as a separate service during the hours the participant is participating in either Adult Day Health Services or Social Adult Day Care. Services excluded from additional billing while simultaneously receiving Respite care include: Chore, Home-Based Supportive Care, Home delivered Meals, and Personal Care Assistant services. Sitter, live-in, or companion services are not considered Respite Services and cannot be authorized as such. Respite services are not provided for formal, paid caregivers (i.e. Home Health or Certified Nurse Aides). Respite services are not to be authorized due to the absence of those persons who would normally provide paid care for the participant. Eight or more hours of respite in one 24-hour period, provided by the same provider is the DAILY respite service. Respite care may be provided in the following location(s): Individual's home or place of residence; Medicaid certified Nursing Facility that has a separate Medicaid provider number to bill for Respite; Another community care</p>

residence that is not a private residence including: an Assisted Living Residence (AL), a Comprehensive Personal Care Home (CPCH), or an Adult Family Care (AFC) Home; Community Residential Services for those individuals with a TBI diagnosis.

Respite is also available under two HCBS Fee-for-Service programs: The Supports Program and Children’s Support Services Program for I/DD.

Under the Supports Program, Respite includes services provided to demonstration participants unable to care for them that are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the demonstration participant. Respite may be provided in the demonstration participant’s home, a DHS licensed group home, or another community-based setting approved by DHS. Some settings, such as a hotel, may be approved by the state for use when options using other settings have been exhausted. Hotel Respite must not exceed two consecutive weeks and 30 days per year.

Under the Children’s Support Services Program for I/DD, Respite services, including assessment and respite care planning, temporarily relieve the family/caregiver from the demands of caring for youth with I/DD. Respite services can support the youth in the home and community by reducing stress, preventing family disruption, and enhancing family/caregiver relationships. Respite is intended to be provided during the times when the family/caregiver normally would be available to provide care. Respite may be provided in the youth’s home, a licensed facility, or other Department of Children and Families / Children’s System of Care (CSOC) approved community based setting. Respite cannot be provided in a hospital or other out of home care.

Respite Provider Eligibility	Information for providers: https://www.state.nj.us/humanservices/dmahs/info/resources/
Caregiver Eligibility	Caregiver eligibility is not available.
Enrollment Limit	Enrollment limit is not available.
How to Apply	<p>You can apply to receive services under the waiver at https://njfc.force.com/familycare/quickstart</p> <p>To apply for MLTSS specifically: For individuals 21 and older contact your local County Area Agency on Aging (AAA) - Aging and Disability Resource Connection (ADRC). For children birth through 20 years old contact the Division of Disabilities Services (DDS) at 1-888-285-3036 (press 2 after prompt and then press 1 after next prompt) to speak with an Information and Referral Specialist.</p> <p>To apply for Supports Program specifically: complete a DDD application available at https://www.nj.gov/humanservices/ddd/documents/ddd_intake_application_english.pdf</p>
Contact Information	<p>If you have any questions or comments on the Waiver, e-mail dmahs.cmwcomments@dhs.state.nj.us.</p> <p>If you need help completing your application, you may call and speak to a Health Benefits Coordinator at 1-800-701-0710.</p> <p>Contact the Division’s Medicaid Eligibility Help Desk at 609-631-6505 or visit the Division of Medical Assistance and Help Services website: http://www.state.nj.us/humanservices/dmahs/home/waiver.html</p>
Link to Waiver Application	https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/nj/nj-1115-request-ca.pdf
Expiration Date	06/30/2022
Date of Last Update	08/01/2019

NJ Community Care Waiver (0031.R06.00)

State Operating Agency: NJ Department of Human Services, Division of Medical Assistance and Health Services

Description	<p>The goal of the Community Care Waiver (CCW) program is to support participants in the least restrictive setting in the community and ensure participants' health, safety, and freedom from exploitation as they achieve their goals in a manner that allows for the maximization of choice. The State's objectives are to create a person-driven long-term support system in which CCW participants have maximum choice and access to services which aid in diverting and/or transitioning individuals from institutional settings into their own homes or other community living arrangements such as supervised apartments or group homes. This waiver allows statewide opportunities for participant-direction of designated services.</p> <p>Services provided by this waiver include: case management, day habilitation, individual supports, prevocational training services, respite, supported employment - individual employment support, support coordination, assistive technology, behavioral supports, career planning, community transition services, environmental modifications, occupational therapy, personal emergency response system (PERS), physical therapy, speech, language, and hearing therapy, supported employment – small group employment support, transportation, and vehicle modifications.</p>
Waiver Type	1915(c)
Target Population-Eligibility	Individuals age 21 and older with autism, intellectual disabilities, or developmental disabilities.
Level of Care	Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).
Respite Services	<p>Respite services are provided to participants unable to care for themselves, and are furnished on a short-term basis because of the absence or need for relief of those persons who normally provide care for the participant. Respite may be delivered in multiple periods of duration such as partial hour, hourly, daily without overnight, or daily with overnight. Respite may be provided in the participant's home, a DHS licensed group home, or another community-based setting approved by DHS (i.e.: unlicensed setting such as supported living, supportive housing, hotel, etc.). Hotel Respite shall not exceed two consecutive weeks and 30 days per year.</p> <p>Respite may be provider managed or participant directed.</p>
Respite Provider Eligibility	Information for providers: https://www.state.nj.us/humanservices/ddd/providers/
Caregiver Eligibility	Respite may be provided by a relative but not by a legally responsible person or legal guardian.
Enrollment Limit	13049: Year ending 06/30/2021
How to Apply	To request to be added to the Community Care Program Waiting List, complete and submit the Community Care Program Waiting List Request Form at https://www.state.nj.us/humanservices/ddd/documents/Documents%20for%20Web/Waiver%20WL%20Request%20Form%20-%20Web.pdf
Contact Information	Contact the DDD Fee for Service HelpDesk at DDD.FeeForService@dhs.state.nj.us More information is available at https://www.state.nj.us/humanservices/ddd/services/ccw/ccwwl.html
Link to Waiver Application	Link to waiver application unavailable
Expiration Date	06/30/2021
Date of Last Update	08/08/2019