

NEW JERSEY MEDICAID – GUIDE TO 1915 (C) WAIVER PROGRAMS AND SERVICES

WAIVER	ACCAP	CRPD	TBI	CCW
TITLE	AIDS Community Care Alternatives Program	HCBS Waiver for Blind or Disabled Children and Adults To Provide Community Resources for People with Disabilities	HCBS Waiver for Persons with Acquired Traumatic Brain Injuries	HCBS Waiver for the Mentally Retarded or Developmentally Disabled
CONTROL NUMBER	0160	4133	4174	0031
ADMINISTRATIVE OFFICE OF SINGLE STATE AGENCY	Department of Human Services (DHS) Division of Disability Services (DDS) Home and Community Services (HCS) 609-292-4800	DHS DDS ↔	DHS DDS ↔	DHS Division of Developmental Disabilities (DDD) 609-987-0814
TARGET POPULATION	<ul style="list-style-type: none"> • Adults and children <u>over</u> the age of 13 with a diagnosis of AIDS • Children <u>under</u> the age of 13 with a diagnosis of AIDS or HIV positive 	<ul style="list-style-type: none"> • Blind or disabled children and adults who are only eligible if in, or at risk of, NF • Blind or disabled eligibles in, or at risk of, NF and in need of private duty nursing to remain at home 	Individuals with acquired, non-degenerative, structural brain damage who are at least 21 but no more than 64 years of age at enrollment who are in, or at risk of, NF	Children or adults with mental retardation or developmentally disabled in or at risk of ICF/MR
MEDICAID STATE PLAN SERVICES	All, <u>except</u> : <ul style="list-style-type: none"> • Nursing Facility • Personal Care Assistant (PCA) 	All, <u>except</u> : <ul style="list-style-type: none"> • Nursing Facility 	All, <u>except</u> : <ul style="list-style-type: none"> • Nursing Facility 	All, <u>except</u> : <ul style="list-style-type: none"> • ICF/MR • Personal Care Assistant (in congregate settings)
WAIVER SERVICES	<ul style="list-style-type: none"> • Case Management • Private Duty Nursing (PDN) • Hospice • Personal Care Assistant (no 40 hours per week restriction) 	<ul style="list-style-type: none"> • Case Management • Private Duty Nursing (PDN) • Environmental/Vehicular Modifications • Personal Emergency Response System (PERS) • Community Transitional Services (CTS) 	<ul style="list-style-type: none"> • Case Management • Counseling (behavior & drug) • Community Residential Services (CRS) • Therapies through a CRS or Day Program (Occupational, Physical, Speech or Cognitive Rehabilitative Therapy) • Behavioral Programs • Environmental/Vehicular Modifications • Structured Day program • Supported Day program • Respite Care (provided in-home or at a CRS) • Adult Companion Service (non-CRS enrollees) 	<ul style="list-style-type: none"> • Case Management: <ul style="list-style-type: none"> - Habilitation Coordinator - Community Program Specialist - Senior Community Program Specialist • Habilitation: <ul style="list-style-type: none"> - Contracted Agency - Supported Employment Services • Individual Supports: <ul style="list-style-type: none"> - Licensed Agency - Licensed Skilled Development Provider - Individual Assistant/Live-in Caregiver - Support Broker - Mentor/Trainer - Community care out-of-state in Pennsylvania • Environmental/Vehicle Accessibility Adaptation • Personal Emergency Response System • Respite Care • Integrated Therapeutic Network (10/1/99)
FUNDED SLOTS	750	300	350	9881 (per DDD 08/31/07)
INITIAL APPROVAL	March 1987	April 2002	July 1993	October 1982
372 REPORT DUE	August 31	September 30	December 31	March 31

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WAIVER	CCPED	ECO	ASSISTED LIVING
TITLE	Community Care Program for the Elderly and Disabled	HCBS Waiver for the Elderly and Disabled to Provide Enhanced Community Options	Assisted Living Residence (ALR) & Comprehensive Personal Care Home (CPCH)
CONTROL NUMBER	0032	0285A	0285B
ADMINISTRATIVE OFFICE OF SINGLE STATE AGENCY	Department of Health & Senior Services (DHSS) Division of Aging & Community Services (DACS) 609-292-4027 ⇒	DHSS Division of Aging & Community Services 609-292-4027	DHSS Division of Aging & Community Services 609-292-4027
TARGET POPULATION	<ul style="list-style-type: none"> • Age 65 or older • Age 21-64 physically disabled • NF Level of Care 	<ul style="list-style-type: none"> • Age 65 or older • Age 21-64 physically disabled • NF Level of Care 	<ul style="list-style-type: none"> • Age 65 or older • Age 21-64 physically disabled • NF Level of Care
MEDICAID STATE PLAN SERVICES	<ul style="list-style-type: none"> • <u>ONLY</u>: • Adult Day Health • Transportation • Home Health • Prescribed Drugs 	All, <u>except</u> : <ul style="list-style-type: none"> • Nursing Facility • Personal Care Assistant • Hospice • ADHS in ALP 	<ul style="list-style-type: none"> • All <u>except</u>: • Nursing Facility • Personal Care • Adult Day Health • Hospice
WAIVER SERVICES	<ul style="list-style-type: none"> • Care Management • Homemaker • Respite • Social Adult Day 	<ul style="list-style-type: none"> • Care Management • Respite Care • Adult Family Care • Assisted Living Program in Subsidized Housing • Environmental Accessibility Adaptations (AFC/CAP) • Transportation • Homemaker (CAP only) • Special Medical Equipment & Supplies • Personal Emergency Response System (PERS) • Attendant Care (CAP only) • Home-Based Supportive Care (CAP only) • Home Delivered Meals (CAP only) • Caregiver/Recipient Training (CAP only) • Social Adult Day Care • Chore Service (CAP only) • Transitional Care Management • Community Transition Services 	<ul style="list-style-type: none"> • Care Management • Assisted Living • Special Medical Equipment/Supplies • Transitional Care Management (CM) • Community Transition Services
FUNDED SLOTS	5,180	County Spending Allocation	4,000
INITIAL APPROVAL	October 1983	January 1996	January 1996
372 REPORT DUE	March 31	June 30	June 30