State of New Jersey

DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

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Medicaid Communication 88-13 Date: March 18, 1988

To: County Welfare Agency/Board of Social Services Directors

Subject: Comparison of Home and Community-Based Services Waiver with JerseyCare

The Division of Medical Assistance and Health Services has implemented JerseyCare for the Aged, Blind and Disabled population as of February 1, 1988.

Many questions have been asked about how JerseyCare relates to the Home and Community-Based Services Waivers, known as the Community Care Programs for the Elderly and Disabled (CCPED) and the Model Waivers.

Attached for your information are charts which compare CCPED and the Model Waivers with JerseyCare. These charts address such factors as the purpose, authority, target population, eligibility service package and program limitations of the various programs.

Applicants for these programs should be provided guidance and afforded a choice regarding the program which most appropriately meets their needs. We anticipate that this material will assist your staff to better understand the parameters of the programs, and therefore enable them to more capably serve our elderly and disabled population.

Sincerely yours,

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

TMR:Kw
Attachments
cc: Odella T. Welch
Deputy Commissioner

Marion Reitz, Director
Division of Public Welfare

William Waldman, Director
Division of Youth and Family Services

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

Case Management Sites

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DEPARTMENT OF HUMAN SERVICES

DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

COMPARISON OF COMMUNITY CARE PROGRAM FOR THE ELDERLY AND DISABLED AND JERSEYCARE AS RELATED TO AGED AND DISABLED ONLY

Feature	Community Care Program for the Elderly and Disabled (CCPED)	JerseyCare - Aged, Blind and Disabled Program (JC)
Purpose	To provide a package of home care services to nursing home eligible individuals to enable them to remain at home.	To provide Medicaid services to certain individuals whose income and resources make them ineligible for regular Medicaid.
Authority	Special Federal Medicaid Waiver; not an entitlement program.	Optional coverage under Title XIX; an entitlement program.
Target Population	Individuals 65 and older and receiving Social Security and eligible for Medicare **OR** other health insurance including hospital and physician coverage. Individuals under the age of 65 must be determined disabled by the Social Security Administration and be eligible for Medicare **OR** be determined disabled by Division of Public Welfare's Bureau of Medical Affairs and have other health insurance including hospital and physician coverage.	Individuals 65 and older and individuals who are blind or disabled, as determined by the Social Security Administration or by the Division of Public Welfare's Bureau of Medical Affairs.
Medical Eligibility	Must meet Medicaid's nursing home level of care criteria, as determined by Medicaid District Office (MDO) staff.	No institutional medical criteria.
Income Eligibility	An individual's monthly income must exceed the appropriate SSI community standard up to the institutional cap of $1,062 (as of 1/1/88). Spousal and parental income are not deemed to be available to the applicant.	JerseyCare income level is based on 100% of Federal poverty levels. Standard for one is $480 per month, effective 4/1/88. Spousal and parental income are deemed to be available to the applicant.

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	CCPED	JerseyCare
Assets	An individual's own assets may not exceed $1,900 (as of 1/1/88). Spousal and parental assets are not deemed to be available to the applicant.	Asset limits are set at 200% of SSI standard, at $3,800 for an individual and $5,700 for a couple. Spousal and parental assets are deemed to be available to the applicant.
Burial Funds	Additional funds may be set aside for burial, with the amount above the $1,500 burial exclusion counted toward the resource limit.	Additional funds may be set aside for burial, with the amount above the $1,500 burial exclusion counted toward the resource limit.
Cost-Share Liability	Individuals may be required to share in the cost of care, after program eligibility has been established. The individual's monthly income is reduced by: . $385.25 (SSI maintenance standard as of 1/1/88). . $150.00 additional maintenance disregard . Individual's monthly medical/remedial deductions. After the above allowable deductions, the individual is billed for the monthly cost-share liability. "Anyone" can pay the cost-share.	With the exception of nursing home care, there is no cost-share liability. For nursing home care, an eligible individual's monthly income will be reduced by: . up to $385.25 for maintenance of a spouse in the community **OR** up to $150.00 for the maintenance of a home **OR** up to the appropriate AFDC standard for the maintenance of a family. . $35.00 personal needs allowance . expenses for health insurance premiums After the above deductions, the eligible individual's remaining income must be applied to the cost of care.
Financial Eligibility	Financial eligibility is determined initially by the county welfare agency and redetermined annually. Individuals remain on the program until determined otherwise.	Financial eligibility is determined initially by the county welfare agency and redetermined annually. Individuals remain on the program until determined otherwise.

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	CCPED	JerseyCare
Retroactive Eligibility	Individual is eligible for services from the date of enrollment. There is no three-month retroactivity allowed under this program.	Unpaid bills for covered services are paid retroactively for a three-month period if eligibility requirements would have been met at the time services were received.
Service Package	Case Management* Home Health Homemaker Medical Day Care Social Adult Day Care Medical Transportation Respite Care (at home or in LTCF) * A health care professional who plans, locates, coordinates, monitors services selected to meet an individual's health needs, and assists with cost-share requirements. (These services complement the Medicare Program.)	All Medicaid services, including nursing home, inpatient and outpatient hospital care and prescription drugs are covered.
Service Limits	The cost of community services reimbursed by Medicaid must be 70% or less than the cost of nursing home care, individually determined. For up to 10% of the persons served, the service cost cap may be 100% of the cost of nursing home care. The total service plan is prior authorized by MDO staff and monitored by the case manager assigned to each individual.	Normal Medicaid service limits apply. Normal prior authorization by Medicaid staff of certain services is required. Costs of total care is not monitored on an individual basis.
Program Limits	Limited to 2,300 slots. Program is renewable upon request of the State and approved by the HCFA. The program has been renewed through September 30, 1991.	No limits; JerseyCare is an expansion of the regular Medicaid program.

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STATE NEW JERSEY

DEPARTMENT OF HUMAN SERVICES

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COMPARISON OF MODEL WAIVERS AND JERSEYCARE PROGRAMS AS RELATED TO BLIND OR DISABLED CHILDREN AND ADULTS

Feature	Model Waivers (MW)	JerseyCare - Aged, Blind and Disabled Program (JC
Purpose	To enable individuals with long-term care needs to remain in the community or to return to the community rather than be cared for in a hospital or nursing home.	To provide certain Medicaid services to certain individuals whose income or assets makes them ineligible for regular Medicaid.
Authority	Special Federal Medicaid Waiver; not an entitlement program.	Optional coverage under Title XIX; an entitlement program.
Target Population	Individuals must be blind or disabled children and adults, as determined by the Social Security Administration, or by the Division of Public Welfare's Bureau of Medical Affairs.	Individuals must be blind or disabled children and adults, as determined by the Social Security Administration or by the Division of Public Welfare's Bureau of Medical Affairs.
Medical Eligibility	Individuals applying for Model Waiver I and II must meet, at a minimum, an intermediate care facility (ICF) level of care as determined by Medicaid Districe Office (MDO) staff. Model Waiver III applicants must meet a skilled nursing facility (SNF) level of care and require the services of a private-duty nurse.	No additional medical criteria other than above.
Income Eligibility	An individual's monthly income must exceed the appropriate SSI community standard up to the institutional cap of $1,062 (as of 1/1/88), or be ineligible in the community because of SSI Deeming Rules. Model Waiver III, however, also serves individuals who are Medicaid-community eligible.	The JerseyCare income level is based on 100% of the current Federal poverty level. Standard for one is $480 per month, effective 4/1/88.
	Spousal and parental income are <u>not deemed</u> to be available to the applicant.	Spousal and parental income are deemed to be available to the applicant.

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	Model Waiver	JerseyCare
Assets	An individual's own assets may not exceed $1,900 (as of 1/1/88).	Asset limits are set at 200% of SSI standard, at $3,800 for an individual and $5,700 for a couple.
	Spousal and parental assets are not deemed to be available to the applicant.	Spousal and parental assets are deemed to be available to the applicant.
Burial Funds	Additional funds may be set aside for burial, with the amount above the $1,500 burial exclusion counted toward the resource limit.	Additional funds may be set aside for burial, with the amount above the $1,500 burial exclusion counted toward the resource limit.
Cost-Share Liability	Individuals may be required to share in the cost of care, after program eligibility has been established. The individual's monthly income is reduced by: . $385.25 (SSI maintenance standard as of 1/1/88). . $150.00 additional maintenance disregard . Individual's monthly medical/remedial deductions.	With the exception of nursing home care, there is no cost-share liability. For nursing home care, an eligible individual's monthly income will be reduced by: . up to $385.25 for maintenance of a spouse in the community **OR** up to $150.00 for the maintenance of a home **OR** up to the appropriate AFDC standard for the maintenance of a family. . $35.00 personal needs allowance . expenses for health insurance premiums
	After the above allowable deductions, the individual is billed for the monthly cost-share liability. "Anyone" can pay the cost-share.	After the above deductions, the eligible individual's remaining income must be applied to the cost of care.
Financial Eligibility	Formal application is made to the county welfare agency.* Eligibility is determined initially and redetermined annually. * Categorically eligible Model Waiver III individuals need not apply at the county welfare agency. The Office of Home Care Programs will be responsible for contacting the local MDO to begin the process.	Financial eligibility is determined initially by the county welfare agency and redetermined annually. Individuals remain on the program until determined otherwise.
Prescreening	Inquiries are directed to the Office of Home Care Programs in DMAHS' Central Office as the initial step in determining an individual case's applicability for the program.	There is no prescreening.

	Model Waivers	JerseyCare
Retroactive Eligibility	Individual is eligible for services from the date of enrollment. There is no retroactivity allowed under this program.	Unpaid bills for covered services are paid retroactively for a three-month period if eligibility requirements would have been met at the time services were received.
Service Package	All Medicaid State Plan services are covered except for nursing home care. In addition, case management* service is provided to each individual. Model Waiver III provides a private-duty nursing services up to sixteen hours a day. Private-duty nursing is individual and continuous care, as different from part-time or intermittent care provided by licensed nurses as part of a home health service program. * A health care professional who plans, locates, coordinates, monitors services selected to meet an individual's health needs, and assists with cost-share requirements.	All Medicaid services including nursing home, inpatient and outpatient hospital care and prescription drugs.
Service Limits	Each individual's service package must be no more than the cost of comparable institutional care. The total service plan is prior authorized by the MDO staff and monitored by the case manager assigned to each individual.	Normal Medicaid service limits apply. Normal prior authorization by Medicaid staff of certain services is required. Cost of total care is not monitored on an individual basis.
Program Limits	Limited to 50 individuals statewide per waiver program. The DMAHS presently has three approved Model Waivers. Program is renewable upon request of the State and approval by HCFA.	No limits; JerseyCare is an expansion of the regular Medicaid program.

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