



State of New Jersey  
Department of Human Services  
Division of Medical Assistance & Health Services

# NEWSLETTER

Volume 12 No. 65

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**TO:** All Providers - For Information Only  
Health Maintenance Organizations - For Information Only

**SUBJECT:** Merger of Model Waivers 1, 2 and 3 into One Waiver

**EFFECTIVE:** Immediately

**PURPOSE:** To provide information about the merger of three home and community based services waivers into one program

**BACKGROUND:** The Division of Disability Services administers six Medicaid home and community-based services (HCBS) waivers. These programs assist people with disabilities who otherwise might require institutionalization to live independently in the community. Three of the waivers have been combined, and have been approved by the Centers for Medicare & Medicaid Services (CMS) under one waiver.

New Jersey's first "home and community-based services waiver for blind or disabled children and adults" has been known as Model Waiver 1 and was approved in 1983 to serve 50 people. Model Waiver 1 is mirrored by our second "home and community-based services waiver for blind or disabled children and adults," called Model Waiver 2. Model Waiver 2 was approved in 1985 and also serves 50 people. Model Waiver 3 is Medicaid's third "home and community-based services waiver for blind or disabled children and adults." Approved in 1986, Model Waiver 3 serves 150 people who need private duty nursing. The three waivers have served similar populations.

With an effective date of April 1, 2002, the CMS approved New Jersey's request to combine Model Waivers 1, 2, and 3 into one waiver. The merged waiver will be able to more effectively serve people with changing eligibility or service needs.

**ACTION:** The combined waiver continues to serve Medicaid beneficiaries who are blind or have a disability, regardless of age. In addition to full Medicaid benefits, the combined waiver provides two waiver services to people whom otherwise would be unable to live in the community and would have to move into a nursing facility.

In summary:

1. The intent of this combined Medicaid HCBS waiver remains unchanged.
2. The eligibility criteria and level of care criteria do not change.
3. The enrollment process remains the same.
4. The combined number of funded slots becomes 250.
5. There is no change in the waiver services. Case management is provided to all enrollees, with 150 individuals eligible for private duty nursing services. The service providers of case management and private duty nursing are the same.
6. The ongoing cost to Medicaid continues to be subject to a service cost cap equal to the cost of institutional care.

If there are any questions regarding this Newsletter, please contact Donald Hartz of the Division of Disability Services (DDS) at 609-588-2620.

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