



Frequently Asked Questions about The Medicaid Community Care Waiver (CCW)

What is DDD's Medicaid Community Care Waiver?

The Medicaid Community Care Waiver (CCW) is a program for individuals with developmental disabilities. It pays for the services and supports an individual needs in order to live in the community. An individual's "need" for services is determined through an assessment.

The CCW is funded by the state, with assistance from the federal government's Medicaid program. It is administered by the Division of Developmental Disabilities (DDD). Without the CCW, New Jersey could only use Medicaid funding to help provide services to individuals with developmental disabilities who reside in an institution. The federal government allowed states to create waivers, including the CCW, as a way to help individuals with specific needs avoid institutionalization and remain in or return to the community.

Can anyone enroll in the CCW?

No. In order to enroll on the waiver, individuals must 1) be deemed eligible to receive DDD-funded services and 2) meet specific Medicaid/Waiver requirements regarding disability, income and resources.

How many people are enrolled on the CCW?

Approximately 10,000 individuals are currently enrolled on the waiver.

I have read that more than 40,000 people are eligible for DDD-funded services. Why aren't more people enrolled on the waiver?

The number of people who can be enrolled on the waiver at any one time depends on the amount of state funding the Division of Developmental Disabilities receives. Although New Jersey receives help from the federal government in paying for the services it provides through the CCW, it must still make sure it has the funding necessary to pay for its portion of the cost of services.

DDD's state funding is allocated through the State budget, which is adopted by the Legislature each year prior to July 1st, which is the beginning of the State Fiscal Year.

I've been involved with DDD for many years, but I've never heard of the waiver. Why am I just starting to hear about it now?

The Division has maintained the Medicaid Community Care Waiver since 1982. Until 2008, however, the CCW generally pertained to services provided to people who were living in a group home or other out-of-home residential setting. When individuals were given one of those placements, they would be required by the Division to apply for the waiver. For that reason, most people weren't aware that the waiver existed.

Last year the federal government allowed DDD to amend the CCW. As a result, DDD is now able to receive federal reimbursement for a continuum of services provided both at-home or in an out-of-home setting, such as a group home. This is very good news, because the state can now receive federal reimbursement for more services – thereby maximizing its ability to serve more people with developmental disabilities. At the same time, the changes to the waiver are changing the way DDD administers the waiver and Community Services Waiting list for waiver services. That is the reason you are hearing more about it now.

For additional information and to view New Jersey's Community Care Waiver, visit: <http://www.state.nj.us/humanservices/ddd/services/ccw/>

Is there something that makes waiver services different from services that aren't provided through the waiver?

There is no difference in the services themselves, and provider agencies that have contracts with the division may serve both people who are on the waiver and people who are not on the waiver.

From the Division's point of view, the most basic difference relates to how much it has to pay for those services; DDD receives help from the federal government for services that are provided to people on the waiver but it must pay 100 percent of the cost for those same services for individuals who are not on the waiver.

Another important difference is that individuals who are on the waiver are entitled to receive services for which they have an assessed need. People who are not on the waiver do not have the same entitlement, regardless of their needs, although DDD tries to provide services, as resources allow, when a need exists.

How can I get on the waiver?

The Division maintains a waiting list for individuals who would like to enroll on the waiver. Only individuals who already have gone through the Division's intake process and been determined eligible to receive DDD-funded services can ask to be placed on this list. The list is maintained in chronological order, based on the date an individual requests, in writing, to be placed on it. If you want to place your name on the waiting list, you should contact your case manager.

I placed my name on the waiting list many years ago, but I thought I was waiting for a group home. I always hoped this would be my insurance policy if something happened to my family. Has this changed?

Yes, this has changed, but only because your "insurance policy" now offers you more flexibility. You may still move to a group home someday. However, because of the amended waiver, when your name is reached on the waiting list it is now possible that DDD will be able to meet your needs by providing services to you while you still live at home. DDD believes most people who receive in-home services will be able to stay at home longer, perhaps even until the end of their lives. But if it is not possible to meet your needs by providing services at home, you will still have the assurance of knowing that DDD will be able to arrange for you to move to a group home or other residential placement.

Recently, I received a letter from DDD telling me my number on the Priority Waiting List. Will my number be different because I am now waiting for waiver services?

No. This change does not affect anyone's place on the Waiting List. DDD will continue to update everyone annually about their number. If your number is reached, DDD will contact you once resources are available to offer you waiver services.

If I enroll on the waiver and receive services in my home, how do I know that I will be able to move to a group home if my needs change and I can't stay at home any longer? Wouldn't it be better for me just to move to a group home and receive services there?

Once you are enrolled on the CCW, you have a legal entitlement to receive the services you need. This means that if DDD determines that you cannot stay at home any longer, it must find a group home, or some other appropriate residential placement, for you to move to.

How long can individuals remain on the Waiting List for Waiver Services?

An individual can ask to be removed from the waiting list at any time. Otherwise, individuals leave the Waiting List once they begin receiving waiver-eligible services, decline waiver services that are offered to them, decline to apply for the waiver when their name is reached, can't be located after many attempts by the Division to reach them or move out-of-state.

It is important to understand that an individual cannot decline services and remain on the waiting list. Individuals also cannot accept a service but remain on the waiting list because they'd really rather receive their services from another agency that could not accept them at that point in time. If that is the case, individuals should ask the agency they prefer if they can be placed on a waiting list for the agency's services.

How does the Waiting List work?

Once DDD determines that an individual is eligible to receive the services it funds, he or she can be asked to be placed on the waiting list.

As state resources become available, DDD is able to approach Individuals on the Waiting List in chronological order, based on the date their names were placed on the list. (With some exceptions, Medicaid requires states to keep waiting lists for waiver services chronologically.)

DDD then begins the assessment process that will determine the individual's needs. It also will ask the individual to apply for the waiver and other benefits, such as SSI, if and when it is appropriate.

Once individuals are determined to be eligible for the waiver, and their assessment is complete, DDD will assign a budget that allows them to obtain appropriate waiver-eligible services to meet their assessed needs.

I understand that people enrolled on the waiver have an entitlement to services they need. How does DDD handle a situation in which a family requests a service for their loved one, but the assessment does not indicate that the individual needs the service?

An individual's entitlement to specific types of services is based on the assessment, which determines his or her need. DDD is not obligated to provide a service based on a family's desires. An individual or family, however, is free to use personal funds, or seek another source of funding, to pay for a service they cannot obtain through the waiver.

I understand that once I am assessed, I will be assigned an individual budget. What is the relationship between the assessment and the budget?

The assessment measures three types of needs: self care, behavioral and medical. It results in a determination that an individual has a certain level for each need, which is then assigned a numerical value. These values are combined and matched against a funding matrix, which also takes into account whether the individual lives at home or in another setting. As a result of this analysis, the individual is assigned an “up to” budget amount that he or she can use to obtain services.

Once I am assigned a budget, will DDD send me money every month so that I can pay for my services?

No. In order to participate in the waiver and receive federal funding for the services you use, DDD cannot send money directly to you. DDD has contracted with an agency that serves as the fiscal intermediary (FI) for individuals with budgets. The FI receives the funding from DDD and then pays for your service and processes all the necessary paperwork. You will work with the FI to make sure it is aware who is providing the service and verifies that you are receiving the service.

Who decides which specific services I should obtain through my budget?

You will decide what services you will receive, in the context of an assessment that shows what you need and discussions with the members of an Interdisciplinary Team that will meet with you and help you develop a Service Plan. The Service Plan is reviewed at least annually to make sure it continues to address both your needs and your interests.

Will my service plan include services that are more generic in nature, as well as those I receive through the waiver?

Yes. Your service plan should show all the services you need, regardless of who is paying for them. For example, your plan should show your routine dental visits and an annual physical, even though these may be covered by a private insurance plan or the Medicaid state plan. Services you receive from other agencies such as a Sheltered Workshop through the Division of Vocational Rehabilitation (DVRS) or Adult Day Health Services through the Medicaid State Plan also will be documented here.